

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90012 021 ***158.75

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1. Entity Name

SELLETHICS MARKETING GROUP, INC.



Principal Place of Business

941 MATTHEWS-MINT HILL RD.
MATTHEWS NC 28105

Mailing Address

941 MATTHEWS-MINT HILL RD.
MATTHEWS NC 28105

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

56-2119424

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HELMS, GREGORY
517 NORTH LAKEWOOD RUN DR.
PONTE VEDRA BEACH FL 32082

Name *Sharp, Paul*

Street Address (P.O. Box Number is Not Acceptable)

6850 New Tampa Hwy, Suite 500

City

Lakeland

FL

Zip Code

33815

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Paul F. Sharp

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-2-04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CP ☐ Delete
NAME BARHAM, JOEL
STREET ADDRESS 941 MATTHEWS MINT HILL ROAD
CITY-ST-ZIP MATTHEWS NC 28105

TITLE VCP ☐ Delete
NAME HENSLEY, JEFF
STREET ADDRESS 941 MATTHEWS MINT HILL ROAD
CITY-ST-ZIP MATTHEWS NC 28105

TITLE VP ☐ Delete
NAME MASON, WENDY
STREET ADDRESS 941 MATTHEWS MINT HILL ROAD
CITY-ST-ZIP MATTHEWS NC 28105

TITLE S ☐ Delete
NAME CORBETT, HOBERT
STREET ADDRESS 941 MATTHEWS MINT HILL ROAD
CITY-ST-ZIP MATTHEWS NC 28105

TITLE VP ☐ Delete
NAME MANN, JOHN
STREET ADDRESS 941 MATTHEWS MINT HILL ROAD
CITY-ST-ZIP MATTHEWS NC 28105

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joel J. Barham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/04
Day

704-847-4450
Daytime Phone #