## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 08, 2004 8:00 am Secretary of State DOCUMENT # P02000061714 04-08-2004 90015 021 \*\*\*158.75 A T C MARKETING COMPANY, INC. Principal Place of Business Mailing Address **64001000** 13151 14 ST. P.O. BOX 986 DADE CITY, FL 33525 DADE CITY, FL 33526 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04052004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 03-0471330 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LAWHEAD, LYNANNE Street Address (P.O. Box Number is Not Acceptable) 13151 14 ST DADE CITY, FL 33525 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PCEO TITLES **Z**Oelete TITLE ☐ Change ■ Addition NAME . WOODLAND, CIE NAME STREET ADDRESS 6517 CHIPPENDALE RD. STREET ADDRESS CITY-ST-ZP LAKELAND, FL 33809 CITY-ST-ZIP ST PCEO TITLE Delete THE Change ☐ Addition innanne hawkead LAWHEAD, LYNANNE NAME NAME STREET ADDRESS 13181 14 ST. STREET ADDRESS FL-33525 Dade Win CITY-ST-ZIP CITY-ST-ZIP DADE CITY, FL 33525 Addition TITLE Delete TITLE ☐ Change NAME NAME Julic Reichelderfer - Gasque 1380 Holly DR West STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Broom field. CO 80020 Director Culbertson TITLE ☐ Delete TITLE Addition NAME NAME 3034 Savannah, oaks Circle STREET ADDRESS STREET ADDRESS FL 34688 Tarpon Springs. CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ✓ 🖾 Addition Director NAME NAME Wanda Dearth 3036 Savannah Oaks Circle -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Tarpon Springs, FL 34688 CITY-ST-ZIP Director ☐ Change Addition TITLE ☐ Delete Drector Scanne Gasque 276 Hampshire Eve-Will FL 3416 NAME STREET ADDRESS STREET ADDRESS CtTY-S1-ZtP CITY-ST-ZJP Springhill 34606 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.

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