2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 31, 2005 08:00 AM

							C Cl	
DOCUMENT # 184443 1. Entity Name FLORIDA MARKETING ASSOCIATES NORTH, INC.				Secretary of State				
Principal Place 160 LAKESII OLDSMAR, F		Mailing Address 160 LAKESIDE DR. OLDSMAR, FL 34677 US					# 1641 1 /21071 (641	
C	OO NOT WRITE 5. Name and Address of Current Re		CE	01182005 4. FEI Numb 59-054		CR2E034 (
SIMON, ANTON J. 2707 N HIMES AVE TAMPA, FL 33607			DO NOT WRITE IN THIS SPACE					
8. The above the obligat	named entity submits this statement for thions of registered agent.		I ed office or register Agent signature required.		th, in the State of Eld	orida. I am fami	liar with, and accept	
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				.00 May Be ed to Fees				
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P SIMON, ANTON J. 2707 N HIMES AVE TAMPA, FL 00000,	ECTORS			Uniii)0020662: 05-80013	-001 150.00	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME				IN ⁻	THIS SF	PACE		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS								

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:

7>7-789-0600 Daytime Phone #