

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90053 050 \*\*\*150.00

**DOCUMENT # 337622**

1. Entity Name

WITCH MARKETING INC



Principal Place of Business

2727 WEST MAIN STREET  
LEESBURG FL 34748

Mailing Address

PO BOX 491638  
LEESBURG FL 34749-1638  
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 490667

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1281069

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BJORN, JUDY  
5525 BANANA POINT DRIVE  
OKAHUMPKA FL 34762

7. Name and Address of New Registered Agent

Name

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

City

FL

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)

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 P ☐ Delete  
NAME BJORN, JUDY  
STREET ADDRESS 5525 BANANA POINT DRIVE  
CITY-ST-ZIP OKAHUMPKA FL 34762

TITLE ST ☐ Delete  
NAME BJORN, JUDITH  
STREET ADDRESS 5525 BANANA POINT DRIVE  
CITY-ST-ZIP OKAHUMPKA FL 34762

TITLE V ☐ Delete  
NAME GARNER, THOMAS G  
STREET ADDRESS 6251 NE 2ND PLACE  
CITY-ST-ZIP Ocala FL 34470

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Judy Bjorn 3/18/04 352-787-7607

Date

Daytime Phone #