


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 439717</b>	
<b>1. Entity Name</b> ASSOCIATED MARKETING SERVICES, INTERNATIONAL, INC.	

<b>Principal Place of Business</b> 1701 ROGERO RD JACKSONVILLE, FL 32211 US	<b>Mailing Address</b> 3848 TIMUCUA TRAIL JACKSONVILLE, FL 32277 US
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04152005 No Chg-P CR2E034 (10/03)

<b>4. FEI Number</b> 59-1574411	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

BOGNER, JOSEPH O.  
3848 TIMUCUA TRAIL  
JACKSONVILLE, FL 32211

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**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** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	1100000316158 04/19/05-80064-001 150.00
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**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	PD BOGNER, JOSEPH O. 3848 TIMUCUA TRAIL JACKSONVILLE, FL 32277
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	STD BOGNER, SUSAN JEAN 3848 TIMUCUA TRAIL JACKSONVILLE, FL 32277
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D TURNER, LARRY LEE 9155 PRESTWICK CLUB DR. DULUTH, GA
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D TURNER, KATHALEEN A. 9155 PRESTWICK CLUB DR. DULUTH, GA
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	

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**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:** Joseph O. Bogner  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/05 904-744-9261  
Date Daytime Phone #