

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 450980**

1. Entity Name  
TOTAL MARKETING, INC.



Principal Place of Business  
2549 SEVEN SPRINGS BLVD  
NEW PORT RICHEY, FL 34655 US

Mailing Address  
2549 SEVEN SPRINGS BLVD  
NEW PORT RICHEY, FL 34655 US



01182005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1530888**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

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

ERNST, EMIL, JR.  
2549 SEVEN SPRINGS BLVD  
NEW PORT RICHEY, FL 34655

**DO NOT WRITE  
IN THIS SPACE**

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 file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	VD
NAME	ERNST, BRET L
STREET ADDRESS	4940 CHERRY CT
CITY - ST - ZIP	NEW PORT RICHEY, FL00000,

TITLE	TD
NAME	ERNST, LORNA M
STREET ADDRESS	4678 MARINE PKWY T1 #107
CITY - ST - ZIP	NEW PORT RICHEY, FL00000,

TITLE	D
NAME	ERNST JR, EMIL
STREET ADDRESS	4678 MARINE PKWY T-1 #107
CITY - ST - ZIP	NEW PORT RICHEY, FL00000,

TITLE	SD
NAME	KRIEG, LORIE L
STREET ADDRESS	7810 KNIGHT DR
CITY - ST - ZIP	NEW PORT RICHEY, FL

TITLE	PD
NAME	ERNST, EMIL E
STREET ADDRESS	4935 PETUNIA CT
CITY - ST - ZIP	NEW PORT RICHEY, FL00000,

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

*Lorna M. Ernst*

*3/16/05* *727 372 8032*

Date

Daytime Phone #