

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2007 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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number 59-1530888

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2007 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	VD	<input type="checkbox"/> Delete
NAME	ERNST, BRET L	
STREET ADDRESS	4940 CHERRY CT	
CITY-STATE-ZIP	NEW PORT RICHEY, FL00000	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ERNST, LORNA M	
STREET ADDRESS	4678 MARINE PKWY T1 #107	
CITY-STATE-ZIP	NEW PORT RICHEY, FL00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	ERNST JR, EMIL	
STREET ADDRESS	4678 MARINE PKWY T-1 #107	
CITY-STATE-ZIP	NEW PORT RICHEY, FL00000	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KRIEG, LORIE L	
STREET ADDRESS	7810 KNIGHT DR	
CITY-STATE-ZIP	NEW PORT RICHEY FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ERNST, EMIL E	
STREET ADDRESS	4935 PETUNIA CT	
CITY-STATE-ZIP	NEW PORT RICHEY, FL00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
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STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1000000684203
04/06/07-80023-015 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Lorna Ernst

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/07 722-372-8032

Date

Daytime Phone #