

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 526347

FILED
Jan 13, 2004
Secretary of State

Entity Name: ADVANCED MARKETING SOUTHEAST, INC.

Current Principal Place of Business:

580 NE 45 TERRACE
OCALA, FL 344701496 US

New Principal Place of Business:

Current Mailing Address:

580 NE 45 TERRACE
OCALA, FL 344701496 US

New Mailing Address:

FEI Number: 59-1738314

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TROW, CHESTER
7 EAST SILVER SPRINGS BLVD.
OCALA, FL 34470 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VT () Delete
Name: FISHER, TOM,
Address: 2916 STARMOUNT DR.
City-St-Zip: VALRICO, FL 33594

Title: S () Delete
Name: ARCHER, GEORGE,
Address: 228 BRIAR CREEK RD.
City-St-Zip: GREER, SC 29651

Title: V () Delete
Name: MOULTON, LAWRENCE,
Address: 12001 S.W. 61 PLACE ROAD
City-St-Zip: OCALA, FL 34481

Title: P () Delete
Name: FRYE, JOHN
Address: 580 NE 45 TERRACE
City-St-Zip: OCALA, FL 344701496

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: FYE, JOHN
Address: 580 NE 45 TERRACE
City-St-Zip: OCALA, FL 344701496

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN FYE

PRES

01/13/2004

Electronic Signature of Signing Officer or Director

Date