# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # F15181**

1. Entity Name
**TAMIAMI MARKETING, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 3601 25TH AVE SW<br>NAPLES, FL  34117    US | P O BOX 990249<br>NAPLES, FL  34116    US |

## DO NOT WRITE IN THIS SPACE

01132004        No Chg-P        CR2E034 (10/03)

| 4. FEI Number | | Applied For |
|---|---|---|
| 59-2047856 | - | Not Applicable |

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

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

FAULS, TIM
3601 25TH AVE SW
NAPLES, FL  34117

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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

| **FILE NOW!!! FEE IS $150.00**<br>**After May 1, 2004 Fee will be $550.00** | 9. Election Campaign Financing<br>Trust Fund Contribution. ☐ | **$5.00** May Be<br>Added to Fees | |
|---|---|---|---|

**10.**              OFFICERS AND DIRECTORS

| TITLE | PD |
|---|---|
| NAME | FAULS, TIM |
| STREET ADDRESS | 3601 25TH AVE SW |
| CITY-ST-ZIP | NAPLES, FL |

| TITLE | TDS |
|---|---|
| NAME | FAULS, BONNIE |
| STREET ADDRESS | 3601 25TH AVE SW |
| CITY-ST-ZIP | NAPLES, FL |

| TITLE |  |
|---|---|
| NAME |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP |  |

| TITLE |  |
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| NAME |  |
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| TITLE |  |
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| 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:**  _Tim Fauls_  TIM FAULS        1-16-04        239-353-1212

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR        Date        Daytime Phone #