

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F40662

FILED  
Mar 08, 2004  
Secretary of State

Entity Name: H.T. MARKETING OF FLORIDA, INC.

## Current Principal Place of Business:

53 RIVER RIDGE TRAIL  
ORMOND BEACH, FL 32174 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 1828  
ORMOND BEACH, FL 32175 US

## New Mailing Address:

53 RIVER RIDGE TRAIL  
ORMOND BEACH, FL 32174 US

FEI Number: 59-2118711

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PALMETTO CHARTER SERVICES, INC.  
150 MAGNOLIA AVENUE  
P.O. BOX 191  
DAYTONA BEACH, FL 32014

## 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: PST ( ) Delete  
Name: KELLEY, EDWARD I,  
Address: 53 RIVER RIDGE TRAIL  
City-St-Zip: ORMOND BEACH, FL 32174

Title: D ( ) Delete  
Name: KELLEY, EDWARD I,  
Address: 53 RIVER RIDGE TRAIL  
City-St-Zip: ORMOND BEACH, FL 32174

Title: D ( ) Delete  
Name: KELLEY, MARY MARGARET  
Address: 53 RIVER RIDGE TRAIL  
City-St-Zip: ORMOND BEACH, FL 32174

Title: D ( ) Delete  
Name: KELLEY, KATHERINE  
Address: 53 RIVER RIDGE TRAIL  
City-St-Zip: ORMOND BEACH, FL 32174

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

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: EDWARD I. KELLEY

PST

03/08/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date