2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # F46896

1. Entity Name
TECHNICAL MARKETING SERVICES, INC.

Principal Place of Business	Mailing Address
3313 INDUSTRIAL 25TH ST P.O.BOX 1268 FT PIERCE, FL 34946 US	P OBOX 1268 P.O.BOX 1268 FT PIERCE, FL 34954 US

DO NOT WRITE IN THIS SPACE

01072004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2137542

Applied For ☐
Not Applicable ☐

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

6. Name and Address of Current Registered Agent

HOGAN, MICHAEL D
3313 INDUSTRIAL 25TH ST
FORT PIERCE, FL 34946

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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 _____

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

000000124028
04/22/04-80028-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HOGAN, MICHAEL D
STREET ADDRESS	41 SOVEREIGN WAY
CITY-ST-ZIP	FT PIERCE, FL
TITLE	DST
NAME	HOGAN, KAREN S.
STREET ADDRESS	41 SOVEREIGN WAY
CITY-ST-ZIP	FT PIERCE, FL
TITLE	VPD
NAME	CHANDLER, KATHRYN S
STREET ADDRESS	4314 THOUSAND PINES DR
CITY-ST-ZIP	FT PIERCE, FL 34981
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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)(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: Kathryn S. Chandler V.P. 4-19-04 KATHRYN S Chandler V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Typed or Printed Name & Title