

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 08:00 A
Secretary of State

DOCUMENT # F61135

1. Entity Name
FLORIDA STATE MARKETING, INC.



Principal Place of Business
**933 CLUB HOUSE BLVD.
NEW SMYRNA BEACH, FL 32168**

Mailing Address
**933 CLUB HOUSE BLVD.
NEW SMYRNA BEACH, FL 32168**



01102008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2163412

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CARTER, RICHARD C., ESQ.
2 SOUTH BISCAYNE BLVD. #1910
MIAMI, FL 33131**

**DO NOT WRITE
IN THIS SPACE**

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 re-registering)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000853167
03/26/08-80060-001 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BRUNEAU, GINETTE 933 CLUB HOUSE BLVD N. SMYRNA BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BRUNEAU, GINETTE 933 CLUB HOUSE BLVD N. SMYRNA BCH, FL
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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 exemptions contained in Chapter 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: *GINETTE BRUNEAU, President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/08
Date

386-427-1293
Daytime Phone #

GINETTE BRUNEAU