

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 20, 2004 8:00 am
Secretary of State

05-20-2004 90008 041 ***550.00

DOCUMENT # F92000000786

1. Entity Name
JLM MARKETING, INC.



Principal Place of Business
8675 HIDDEN RIVER PKWY.
TAMPA, FL 33637 US

Mailing Address
8675 HIDDEN RIVER PKWY.
TAMPA, FL 33637 US



04062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1343718

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE, FL 32301

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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 reinstating)

DATE _____

**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**

10. OFFICERS AND DIRECTORS

TITLE	DVPS
NAME	MOLINA, MICHAEL J
STREET ADDRESS	8675 HIDDEN RIVER PKWY.
CITY-ST-ZIP	TAMPA, FL 33637
TITLE	VPDS
NAME	SATO, LINDA
STREET ADDRESS	8675 HIDDEN RIVER PKWY.
CITY-ST-ZIP	TAMPA, FL 33637
TITLE	P
NAME	MACDONALD, SEAN
STREET ADDRESS	8675 HIDDEN RIVER PKWY
CITY-ST-ZIP	TAMPA, FL 33637
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Molina

4/6/04

813 632 3300

Date

Daytime Phone #