2006 FOR PROFIT CORPORATION A -- ANNUAL REPORT (AR)

DOCUMENT # F93000004416				Mar 23, 2006 08:00 AM Secretary of State	
н&нм	ARKETING, INC.	. —			
Principal Plac	ce of Business	Mailing Address		_	
LUTZ FL 33549		17110 US HWY 41 LUTZ FL 33549 US			
2. Principal Place of Business		3. Mailing Address			II MALE ANNEEL II (AA)
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E034 (10%	05)
City & State		City & State		4. FE) Number 52-1010522	Applied For
Zip	Country	Zip	Country	5. Certificate of Status Desired 38.7	5 Additional equired
	6. Name and Address of Curre	nt Registered Agent		7. Name and Address of New Registered Agent	equired
			Name		
HUBER, STEVEN A 1490 GIDFREY AVE SPRING HILL FL 34609			Street Address	s (P.O. Box Number is Not Acceptable)	·· =
.	(1140-1140-1-0-1040-				
			City	FL) Zij	p Code
the obligation	tions of registered agent. Signature, types of printed name of registered age		Registered Agent signature requi	tered agent, or both, in the State of Florida. I am familian rad when rowstands) OATE	
After	ILE NOW!!! FEE IS \$150.00 May 1, 2006 Fee Will Be \$550.0 k Payable to Florida Department			9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May D Added to Fees
10.	OFFICEHS AN	D DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIREC	STORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HUBER, MIRIAM C 1490 GODFREY AVE SPRING HILL FL 34609	☐ Defete ·	TITLE NAME STREET ADDRESS CITY-SI-ZIP	₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩	hange □ A- ²⁰ 5D. 0 D
TITLE NAME STREET ADDRESS EITY-ST-ZIP	PD HUBER, STEVEN A 1490 GODFREY AVE SPRING HILL FL 34609	☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>.</u> ch	nange 💎 🔲 Addille
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delicie	Title MAML STRLET ADDRESS CHY-ST-21P	□ Ch	nange 🔲 Addish
MILE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	THLE NAME STREET ADDRESS CHY-ST-119	□ Ch	nange 🔲 Addiili
TITLE NAME STREET ADDRESS CHY-ST-ZIP		□ Defele	Title Mame Street Address City- St- Zip	□ Ch	nange Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	HEE NAME STREET AODRESS DITY-ST-ZIP	⊡ Ch	nange 🔲 Addisio

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 path; 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: Steven a. Huber Steven A. Huber

3/21/06 813 948-1165

FILED