

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90173 021 ***150.00

DOCUMENT # G38224

1. Entity Name
MARKETING ASSOCIATES GROUP, INC.



Principal Place of Business
410 WASHINGTON BLVD NW
LAKE PLACID, FL 33852

Mailing Address
410 WASHINGTON BLVD NW
LAKE PLACID, FL 33852

40026550



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01232006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

59-2290999

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TOBLER, ROLAND
410 WASHINGTON BLVD NW
LAKE PLACID, FL 33852

Name *Peggy Ann Brewer*

Street Address (P.O. Box Number is Not Acceptable)

410 Washington Blvd NW

City *Lake Placid*

FL

Zip Code *33852*

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☒ Delete
NAME TOBLER, ROLAND
STREET ADDRESS 410 WASHINGTON BLVD NW
CITY-ST-ZIP LAKE PLACID, FL 33852

TITLE VP ☒ Delete
NAME HUTCHINS, SCOTT
STREET ADDRESS 1600 LAKE JUNE RD, NW
CITY-ST-ZIP LAKE PLACID, FL 33852

TITLE SD ☐ Delete
NAME BREWER, PEGGY ANN
STREET ADDRESS 405 FLAMINGO RD, NE
CITY-ST-ZIP LAKE PLACID, FL 33852

TITLE D ☐ Delete
NAME KING, LARRY P
STREET ADDRESS PO BOX 780459
CITY-ST-ZIP ORLANDO, FL 328780459

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Change ☒ Addition
NAME *Laura Elowsky*
STREET ADDRESS *410 Washington Blvd NW*
CITY-ST-ZIP *Lake Placid, FL 33852*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPSD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Peggy Ann Brewer *Peggy Ann Brewer VRS*

1/25/06

863-465-0345

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #