

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2008 08:00 A
Secretary of State

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**



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2290999

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

**BREWER, PEGGY ANN
410 WASHINGTON BLVD NW
LAKE PLACID, FL 33852**

**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 reinstating)

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**

**U000000844221
03/12/08-80027-018 150.00**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ELOWSKY, LAURA
STREET ADDRESS 410 WASHINGTON BLVD. NW
CITY-ST-ZIP LAKE PLACID, FL 33852

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

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

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 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 Brewer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/08
Date

Daytime Phone #