2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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FILED
Jun 16, 2006 8:00 am
Secretary of State
05-02-2006 90213 001 ***150.00

DOCUMENT # G86290

1. Entity Name

MASTER MARKETING, INC., OF DUVAL COUNTY

Principal Place of Business	Mailing Address
PO BOX 441971 JACKSONVILLE FL 32222	PO BOX 441971 JACKSONVILLE FL 32222

1st MOORE CR2E034 (10/05)

2. Principal Place of Business	3. Mailing Address
96510 Blackrock Road Suite, Apt. #, etc.	96510 Blackrock Road Suite, Apt. #, etc.
City & State: Yulee, FL	City & State: Yulee, FL
Zip: 32097 Country:	Zip: 32097 Country:

4. FEI Number: 59-2408499 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SCARBORO, JOHN P JR
96512 BLACKROCK RD.
YULEE FL 32097

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable): 96510 Blackrock Rd

City: **FL** Zip Code

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: John P. Scarboro Jr. DATE

Signature of agent or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST SCARBORO, FRANCES E. PO BOX 441971 JACKSONVILLE FL 32222	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SCARBORO, JOHN P., JR. PO BOX 441971 JACKSONVILLE FL 32222	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	96510 Blackrock Road Yulee, FL 32097	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SCARBORO, JOHN P., SR. 1602 ASH ST. FERNANDINA BCH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby 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 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: John P. Scarboro Jr. 6/12/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #