## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# G92265

Entity Name: INCENTIVE MARKETING, INC.

FILED Mar 30, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
1702 W. UNIVERSITY AVENUE					
A-1					
GAINESVIL	GAINESVILLE, FL 326031845				
Current Mailing Address:			New Mailing Address:		
1702 W. UNIVERSITY AVENUE A-1					
GAINESVILLE, FL 326031845					
FEI Number:	59-2403550	FEI Number Applied For ( ) FEI Nu	mber Not Appli	cable ( ) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
FINCHER, JOE 1702 W. UNIVERSITY AVENUE A-1 GAINESVILLE, FL 32603 US					
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.					
SIGNATURE:					
Electronic Signature of Registered Agent Date					
Election Campaign Financing Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:					
Title: Name: Address: City-St-Zip:	PD ( ) D FINCHER, JOE N. 4072 NW 37TH TI GAINESVILLE, FL	., II, ERRACE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	ST () D FINCHER, DAWN 4072 NW 37TH TI GAINESVILLE, FL	PRIVAT, TE ERRACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VMD () D RITCH, AMY 4128 NW 33RD P GAINESVILLE, FL	LACE	Title: Name: Address: City-St-Zip:	VMD (X) Change ( ) Addition RITCH, AMY 10454 NW 132ND DRIVE ALACHUA, FL 32615	
Title: Name: Address: City-St-Zip:	CM () D YOUNG, KIMBER 4128 NW 33RD P GAINESVILLE, FL	LY LACE	Title: Name: Address: City-St-Zip:	CM (X) Change ( ) Addition YOUNG, KIMBERLY 14414 NW 60TH AVENUE ALACHUA, FL 32615	
Title: Name: Address: City-St-Zip:	D () D BASS, JOI 721 NW 80TH BL' GAINESVILLE, FL	VD	Title: Name: Address: City-St-Zip:	()Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMY RITCH VMD 03/30/2009