

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # H49663

1. Entity Name
ADVENT MARKETING, INC.



Principal Place of Business
**1460 S.W. PRICE CHILD RD.
ARCADIA, FL 33821 US**

Mailing Address
**PO BOX 700
ARCADIA, FL 33821 US**



04132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2507006

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**JONES, GERALD J
1576 NW MYRTLE AVE
ARCADIA, FL 33821**

**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 rechartering)

DATE _____

**FILE NOW!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000117980
04/19/04-80042-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	JONES, GERALD J
STREET ADDRESS	1576 NW MYRTLE AVE
CITY - ST - ZIP	ARCADIA, FL
TITLE	DVP
NAME	BRODOWSKY, CHERYL LL
STREET ADDRESS	1518 SE OHIO AVE
CITY - ST - ZIP	ARCADIA, FL
TITLE	DCS
NAME	JONES, BETTY C
STREET ADDRESS	1576 NW MYRTLE AVE
CITY - ST - ZIP	ARCADIA, FL
TITLE	VPM
NAME	JONES, JAMES M
STREET ADDRESS	KILL DEER
CITY - ST - ZIP	COON RAPIDS, MN
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 exemption stated in Section 119.07(3)(i), 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: *Gerald J. Jones Pres.* **GERALD J. JONES, PRES 4-16-04 863-990-1239**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #