

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 14, 2005 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**

DO NOT WRITE IN THIS SPACE



04062005 No Chg-P CR2E034 (10/03)

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP JONES, GERALD J 1576 NW MYRTLE AVE ARCADIA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP BRODOWSKY, CHERYL LL 1518 SE OHIO AVE ARCADIA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DCS JONES, BETTY C 1576 NW MYRTLE AVE ARCADIA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPM JONES, JAMES M KILL DEER COON RAPIDS, MN
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/14/05-80037-021 150.00

**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

4-12-05 863-990-1239

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #