

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # H49663**

1. Entity Name  
**ADVENT MARKETING, INC.**



Principal Place of Business  
**1576 NW MYRTLE AVE  
ARCADIA, FL 34266 US**

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



04242007 No Chg-P CR2E034 (11/05)

**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 reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	JONES, GERALD J
STREET ADDRESS	1576 NW MYRTLE 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**

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05/09/07-80032-007 150.00

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:** Gerald J. Jones, Pres **GERALD J. JONES, PRES** 4-25-07 863-990-1239

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #