2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H52250

1. Entity Name
TARGET DIRECT MAIL MARKETING, INC.

FILED
Jan 15, 2004 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
1006 SW WOOD CREEK DR PALM CITY, FL 34990 US	1006 SW WOOD CREEK DR PALM CITY, FL 34990 US

01132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2530021
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BOUCHER, KATHY
1006 S.W. WOOD CREEK DR.
PALM CITY, FL 34990

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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 _____ DATE
Signature, typed 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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	BOUCHER, PAUL F.
STREET ADDRESS	1006 S.W. WOOD CREEK DR.
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	PST
NAME	BOUCHER, KATHY
STREET ADDRESS	1006 S.W. WOOD CREEK DR.
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	D
NAME	BOUCHER, KATHY
STREET ADDRESS	1006 S.W. WOOD CREEK DR.
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/15/04-80022-005 150.00

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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: Kathy Boucher, Pres. 1-13-04 772-220-8363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Kathy Boucher