


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # H52250 1. Entity Name TARGET DIRECT MAIL MARKETING, INC.	
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Principal Place of Business 1006 SW WOOD CREEK DR PALM CITY, FL 34990 US	Mailing Address 1006 SW WOOD CREEK DR PALM CITY, FL 34990 US
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02152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2530021	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BOUCHER, KATHY 1006 S.W. WOOD CREEK DR. PALM CITY, FL 34990
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**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 retreating) 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	VD BOUCHER, PAUL F. 1006 S.W. WOOD CREEK DR. PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST BOUCHER, KATHY 1006 S.W. WOOD CREEK DR. PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BOUCHER, KATHY 1006 S.W. WOOD CREEK DR. PALM CITY, FL 34990
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05/03/05-80103-015 150.00

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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: Kathy Boucher, Pres. 4-29-05 772-220-8363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Kathy Boucher