


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 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 |
|--|--|

DO NOT WRITE IN THIS SPACE



01062006 No Chg-P CR2E034 (11/05)

4. FET 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**

**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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

100000549643
05/13/06-80030-004 150.00

| 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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IN THIS SPACE**

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: Kathy Boucher **Kathy Boucher** **1-7-06** **772-220-8363**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #