

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2007 08:00 AM
Secretary of State

DOCUMENT # H58825

1. Entity Name
INTERNATIONAL GROUP MARKETING, INC.



Principal Place of Business
676 CATALINA ST
VERO BEACH, FL 32960 US

Mailing Address
P. O. BOX 3816
VERO BCH., FL 32964 US



04182007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2567248

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LA ROCCA, THOMAS J., JR.
676 CATALINA ST
VERO BEACH, FL 32960

**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)
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/07

**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 P
NAME LA ROCCA, THOMAS J., JR.
STREET ADDRESS 676 CATALINA ST
CITY-ST-ZIP VERO BEACH, FL 32960

TITLE V
NAME LA ROCCA, THOMAS J., III
STREET ADDRESS 5435 PLANTATION OAKS DR
CITY-ST-ZIP TAMPA, FL

TITLE ST
NAME LA ROCCA, SYLVIA L.
STREET ADDRESS 676 CATALINA ST
CITY-ST-ZIP VERO BEACH, FL 32960

TITLE
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STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

U000000729454
05/08/07-80040-006 150.00

**DO NOT WRITE
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 an officer who is empowered.

SIGNATURE

(Signature)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

4/23/07

772-567-8717