2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 19, 2004 8:00 am Secretary of State

| DOCUMENT # J37101 | | | | | 04-19-2004 90385 033 ***150.00 | | | |
|--|----------------------------------|-----------------|----------------|--|--------------------------------|------------------|--------------------------------|------------------|
| 1. Entity Name PROVIDENT ADVERTISING & MARKETING, INC. | | | | | | | | |
| Principal Place of Business Mailing Address | | | _ | | ٠ | A 4 0 0 | 004. | |
| 1700 MCMULLEN BOOTH RD 1700 MCMULLEN BOOTH RD STE B5 | | | RD | | | 4402 | 9818 | |
| | | | US | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | |
| 2. Principal Place of Business 107 Hampron Road 107 Hampron Re | | | Poso | ì | | | | |
| Suite, Apt. #, etc. | | | <u> </u> | - | 04142004 | Chg-P | CR2E034 (10/03 |) |
| City & Stat | <i>/20</i> | City & State | | | 4. FEI Number | | | Applied For |
| CLEAR | WATER FL | CLOPALDATER FL. | | | 59-2767 <u>05</u> | 1 | | Not Applicable |
| 3375° | Country 12SA | 1 ' | USA | | 5. Certificate of Sta | atus Desired | □ \$8.75 A Fee Requi | dditional red |
| <u> </u> | 6. Name and Address of Current I | | Name | | 7. Name and Add | ress of New Re | gistered Agent | |
| KIEFER, NEIL G. | | | | | EDWA | 20 C. | | |
| 26133 US HWY 19 N | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| SUITE 100 CLEARWATER, FL 33763 | | | | 5 | rs 120 | | | |
| | | | | 0 | 2.000 | | FL Zip Co | ode 7.59 |
| 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 4/15/04 | | | | | | | | |
| Signature, typed or profiled name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DAYE DAYE | | | | | | | | |
| FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees | | | | | | | | |
| 10. | OFFICERS AND I | | 11. | | ADDITIONS/CHA | NGES TO OFFIC | CERS AND DIRECTO | |
| TITLE NAME | P DROSTE, EDWARD C. | ☐ Delete | TITLE NAME | DROST | TE, EDWARD HAMPTON |) C. C | Change - 17 - | Addition |
| STREET ADDRESS | 1700 MCMULLEN BTH RD B-5 | i | STREET ADDRESS | _ | | | | |
| CITY-ST-ZIP | CLEARWATER, FL | | CITY-ST-ZIP | CLEI | ALWATER, | FL 337 | 2 <i>59</i> ⊠Change | |
| TITLE NAME | BAILEY, ELLEN | ☐ Delete | TITLE NAME | BAIL | EY ELLEN, | _ | • | e 🔲 Addition |
| STREET ADDRESS | 1700 MCMULLEN BTH RD B-5 | | STREET ADDRESS | 107 1 | HAMPRON K | DAV, SU17 | re 120 | |
| CITY-ST-ZIP | CLEARWATER, FL | | CITY-ST-7IP | CLEB | Rugner, | PC 33. | | |
| TITLE NAME | D HOWIE, BRENTON | ☐ Delete | TITLE NAME | How | E. BRENTO | ~ | Change | Addition |
| STREET ADDRESS | 1700 MCMULLEN BTH RD B-5 | | STREET ADDRESS | 107 | HAMPTON . | RUPO, 5 | UITE 100 | |
| CITY-ST-ZIP | CLEARWATER, FL | | CITY-ST-ZIP | CLEP | GRUNDTER, F | Z 337 | | CT ALEX |
| TITLE NAME | EVP PASSWATERS, ROBERT | ☐ Delete | TITLE NAME | PASSI | CATERS, RO | BSAT | <u></u> Change | Addition |
| STREET ADDRESS | 1700 MCCULLEN BTH RD B-5 | l | STREET ADDRESS | 107 | HAMPTON F | ROBO, SUI | TE 120 | |
| CITY-ST-ZIP | CLEARWATER, FL | | CITY-ST-ZIP | CLER | sowers, F | 2 337 | | |
| TITLE NAME | VS WILLIAMS, WILSON F | ☐ Delete | TITLE NAME | WILL | ions, lois | ion F. | ∠ Change | Addition |
| STREET ADDRESS | 1700 MCCULLEN BTH RD 8-5 | | STREET ADDRESS | 107 | HAMP TON 1 | ROAD, SL | | |
| CITY-ST-ZIP | CLEARWATER, FL 33759 | | CITY-ST-ZIP | CLEA | RWATER, 1 | GL 337 | <i>59</i> ™Change | |
| TITLE NAME | VPT COLLARD, DENISE | ∟ Delete | TITLE NAME | 1/2/14 | LAMS DET | 413 <i>5</i> | J Z EL Unange | ☐ Addition |
| STREET ADDRESS | 1700 MCMULLEN BTH RD B-5 | | STREET ADDRESS | 107 | HAMPTON | ROAD, SI | SITE 120 | |
| CITY-ST-ZIP CLEARWATER, FL 33759 | | | | | | | | |
| 12. I hereby certify that the information supplied with this filling 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. | | | | | | | | |
| SIGNAT | URF: WAR - | ·/ 1/S | | 4 | 115/04 | 727- | 726-567 | 7 |
| SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytone Phone 4 | | | | | | | | |
| WILSONF. WILLIAMS | | | | | | | | |