

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90038 029 ***150.00

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01042005- Chg-P- CR2E034 (10/03)

DOCUMENT # J37101 1. Entity Name PROVIDENT ADVERTISING & MARKETING, INC.					
Principal Place of Business 107 HAMPTON ROA, SUITE 120 CLEARWATER, FL 33759 US			Mailing Address 107 HAMPTON ROA, SUITE 120 STE B5 CLEARWATER, FL 33759 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 107 HAMPTON ROAD SUITE 120			
City & State CLEARWATER FL		City & State CLEARWATER FL		4. FEI Number 59-2767051	
Zip 33759		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DROSTE, EDWARD C 107 HAMPTON ROA, SUITE 120 CLEARWATER, FL 33759				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DROSTE, EDWARD C. 107 HAMPTON ROA, SUITE 120 CLEARWATER, FL 33759		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAILEY, ELLEN 107 HAMPTON ROA, SUITE 120 CLEARWATER, FL 33759		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWIE, BRENTON 107 HAMPTON ROA, SUITE 120 CLEARWATER, FL 33759		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP PASSWATERS, ROBERT 107 HAMPTON ROA, SUITE 120 CLEARWATER, FL 33759		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT WILLIAMS, WILSON F 107 HAMPTON ROA, SUITE 120 CLEARWATER, FL 33759		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILLIAMS, DENISE 107 HAMPTON ROA, SUITE 120 CLEARWATER, FL 33759		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>WILSON WILLIAMS</u> 1/14/05 (727) 726-5677 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					