


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2004 08:00 AM
Secretary of State

DOCUMENT # J40610 1. Entity Name QUANTUM MARKETING, INC.				
Principal Place of Business 3606 CRAFTSMAN BLVD LAKELAND, FL 33803 US		Mailing Address 3606 CRAFTSMAN BLVD LAKELAND, FL 33803 US		
DO NOT WRITE IN THIS SPACE				
				03162004 No Chg-P CR2E034 (10/03)
		4. FEI Number 59-2731668		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent WILLIS, LARRELL I. 3606 CRAFTSMAN BLVD. LAKELAND, FL 33803		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering.)</small>				
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		U000000095418 03/24/04-80031-017 150.00
10. OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIS, LARRELL I. 411 LONE PALM LAKELAND, FL			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS WILLIS, JOHN D. 810 FAIRLINGTON DRIVE LAKELAND, FL 338131232			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				
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: 		3-22-04 863-665-3338		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #		