
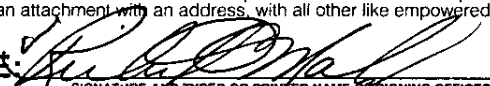


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90053 029 \*\*\*150.00

|   |                                      |                     |   |   |  |
|---|--------------------------------------|---------------------|---|---|--|
| <b>DOCUMENT # J78751</b><br>1. Entity Name<br><b>MARKETING RESOURCES AND MANAGEMENT, INC.</b>   |                                      |                     |   |  |  |
| Principal Place of Business<br><b>552 S DIXIE HWY<br/>POMPANO BEACH FL 33060<br/>US</b>   |                                      |                     | Mailing Address<br><b>552 S DIXIE HWY<br/>POMPANO BEACH FL 33060<br/>US</b>   |   |  |
| 2. Principal Place of Business  |                                      | 3. Mailing Address  |   |   |  |
| Suite, Apt. #, etc.   |                                      | Suite, Apt. #, etc. |   |   |  |
| City & State  |                                      | City & State        |   |   |  |
| Zip   | Country                              | Zip                 | Country   |   |  |
| 6. Name and Address of Current Registered Agent   |                                      |                     | 7. Name and Address of New Registered Agent   |   |  |
| <b>MAHONEY, RICHARD C<br/>371 WOODLAKE LANE<br/>DEERFIELD BEACH FL 33442</b>  |                                      |                     | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City  |   |  |
|   |                                      |                     | <b>FL</b> Zip Code  |   |  |
| 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 reinstating) DATE _____   |                                      |                     |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>   |                                      |                     | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |  |
| 10. OFFICERS AND DIRECTORS  |                                      |                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |  |
| TITLE   | VSTD <input type="checkbox"/> Delete |                     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME  | MAHONEY, MARSHA S.                   |                     | NAME  |   |  |
| STREET ADDRESS  | 371 WOODLAKE LANE                    |                     | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   | DEERFIELD BEACH FL                   |                     | CITY-ST-ZIP   |   |  |
| TITLE   | PD <input type="checkbox"/> Delete   |                     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME  | MAHONEY, RICHARD C.                  |                     | NAME  |   |  |
| STREET ADDRESS  | 371 WOODLAKE LANE                    |                     | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   | DEERFIELD BEACH FL                   |                     | CITY-ST-ZIP   |   |  |
| TITLE   | <input type="checkbox"/> Delete      |                     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME  |                                      |                     | NAME  |   |  |
| STREET ADDRESS  |                                      |                     | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   |                                      |                     | CITY-ST-ZIP   |   |  |
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| STREET ADDRESS  |                                      |                     | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   |                                      |                     | CITY-ST-ZIP   |   |  |
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| NAME  |                                      |                     | NAME  |   |  |
| STREET ADDRESS  |                                      |                     | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   |                                      |                     | 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:   |                                      |                     | <b>RICHARD C. MAHONEY</b> 3/25/04 954-941-7122  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                                      |                     | Date Daytime Phone #  |   |  |



MOORE CR2E034 (11/03)

4. FEI Number **59-2840225** Applied For Not Applicable

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

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

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| CITY-ST-ZIP                |                                      | 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:  **RICHARD C. MAHONEY** 3/25/04 954-941-7122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #