


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # J84647	
1. Entity Name U.S. MARKETING CORPORATION	

Principal Place of Business 240 SAND KEY ESTATES DRIVE STE #86 CLEARWATER, FL 33767— US	Mailing Address 12693 TAMiami TR S #214 NAPLES, FL 34113
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04062005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2849221	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
PETERSON, BILL J 240 SAND KEY ESTATES STE #86 CLEARWATER, FL 33767	

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

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
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10. OFFICERS AND DIRECTORS	
TITLE VP	NAME WHALEN, WILLIAM A.
STREET ADDRESS 4576 SOUTHERN BREEZE DR	CITY-ST-ZIP NAPLES, FL 34114
TITLE P	NAME PETERSON, BILL J.
STREET ADDRESS 240 SAND KEY ESTATES #86	CITY-ST-ZIP CLEARWATER, FL 33767
TITLE STD	NAME MOSES, JUDY K.
STREET ADDRESS 1848 EMORY DR.	CITY-ST-ZIP CLEARWATER, FL 34625
TITLE S	NAME MOSES, JUDY K
STREET ADDRESS 1848 EMORY DR	CITY-ST-ZIP CLEARWATER, FL 34625
TITLE NAME	STREET ADDRESS CITY-ST-ZIP
TITLE NAME	STREET ADDRESS CITY-ST-ZIP

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04/15/05-80045-021 150.00

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:  **William A. Whalen** **7-5-05** **339-775-9849**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #