



2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jan 09, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K33647</b> 1. Entity Name <b>ASSOCIATES IN PROFESSIONAL MARKETING, INC.</b>			
Principal Place of Business <b>630 ASTARIAS CIR. FT. MYERS, FL 33919</b>		Mailing Address <b>630 ASTARIAS CIR. FT. MYERS, FL 33919</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		 01062006    No Chg-P    CR2E034 (11/05)	
4. FEI Number <b>65-0071650</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CARVER, JACK, JR. 630 ASTARIAS CIR. FT. MYERS, FL 33919</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		000000380507 01/11/06-80016-019 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>CARVER, JACK, JR. 630 ASTARIAS CIRCLE FORT MYERS, FL 33919</b>	<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>CARVER, ALENE D. 630 ASTARIAS CIR. FORT MYERS, FL 33919</b>		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.			
<b>SIGNATURE:</b> <i>Jack C. Carver Jr</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<i>agent</i> 1/4/06 <small>Date    Daytime Phone #</small>	