## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

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## Apr 12, 2004 8:00 am Secretary of State DOCUMENT # L07976 04-12-2004 90334 020 \*\*\*150.00 1. Entity Name THE ADVANCED MARKETING GROUP, INC. Principal Place of Business Mailing Address 14001481 930 94TH AVENUE No 750 941H AVENUE N. <del>#210</del> ST. PETERSBURG, FL 33702 ST. PETERSBURG, FL 33702 2. Principal Place of Business 3. Mailing Address 4523 2014 <u>4523</u> Suite, Apt. #, etc. Suite, Apt. #, etc. 03312004 Chg-P CR2E034 (10/03) City & State 4. FEI Number Applied For 59-2964770 Not Applicable Cour \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HARKEY, ELIZABETH S 750 94TH AVENUE N:-SUITE 210 ST. PETERSBURG, FL 33702 City St. Petersbu 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 and accept the obligations of re SIGNATURE Signature, typed or printed name of registered and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change Addition Harkey, Elizabeth 5 NAME HARKEY, ELIZABETH S MALKE STREET ADDRESS 750 94TH AVENUE N., SUITE 210 STREET ADDRESS 4523 20th Ave N CITY-ST-7IP ST. PETERSBURG, FL CITY-ST-ZIP St. Petersburg, FL 33713 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Dolete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 truetee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in changed, or on an attachment with any address, with all other like empowered. it my name appears in Block 10 or Block 11 if

**FILED** 

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