

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L14916

FILED  
Aug 26, 2009  
Secretary of State

Entity Name: FINE RESEARCH & MARKETING, INC.

**Current Principal Place of Business:**

431 N GRAND VIEW AVE; STE A  
DAYTONA BEACH, FL 32118 US

**New Principal Place of Business:**

2665 N ATLANTIC AVE  
# 410  
DAYTONA BEACH, FL 32118 US

**Current Mailing Address:**

% EVELYN FINE  
215 BROOKLINE AVE  
DAYTONA BEACH, FL 321183327 US

**New Mailing Address:**

FEI Number: 59-2967867      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

FINE, EVELYN  
215 BROOKLINE AVENUE  
DAYTONA BEACH, FL 32118 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: FINE, EVELYN  
Address: 215 BROOKLINE AVENUE  
City-St-Zip: DAYTONA BEACH, FL 32118

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EVELYN FINE

DP

08/26/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date