


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 08:00 AM
Secretary of State

DOCUMENT # L38598	
1. Entity Name PRIDE MARKETING, INC.	

Principal Place of Business % LINDA J. PEARCE 2139 PALM BEACH LAKES BLVD W PALM BEACH, FL 33409	Mailing Address % LINDA J. PEARCE 2139 PALM BEACH LAKES BLVD W PALM BEACH, FL 33409
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03122008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0166484	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

TRUE, DAVID R
2139 PALM BEACH LAKES BLVD
WEST PALM BEACH, FL 33409

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	DATE 04/21/08-80002-001 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC SEARCY, CHRISTIAN D. 2139 PALM BEACH LAKES W PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DENNEY, EARL L., JR. 2139 PALM BEACH LAKES W PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST WILLIAMS, JOAN 2139 PALM BEACH LAKES BLVD WEST PALM BEACH, FL 33409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.

SIGNATURE:  **Joan Williams** 4/7/08 561-686-6300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #