


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90067 040 ***150.00

DOCUMENT # P00000007398	
1. Entity Name V.I.P. MARKETING GROUP, INC.	

Principal Place of Business VIP MARKETING GROUP, INC. PUNTA GORDA FL 33950	Mailing Address 1584 AQUI ESTA DR. PUNTA GORDA FL 33950
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2. Principal Place of Business 25180 Harborside Blvd Suite, Apt. #, etc.	3. Mailing Address 25180 Harborside Blvd Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/04)

City & State Punta Gorda, FLA	City & State Punta Gorda, FLA
Zip 33955	Zip 33955
Country	Country

4. FEI Number 65-0975291	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 TEAGUE, EILEEN 1584 AQUI ESTA DR PUNTA GORDA FL 33950

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 Eileen A. Teague EILEEN A. TEAGUE 2/14/05
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
Make Check Payable to Florida Department of State

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 NAME STREET ADDRESS CITY-ST-ZIP	DP TEAGUE, EILEEN 1584 AQUI ESTA DR PUNTA GORDA FL 33950 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TEAGUE, EDWIN F 1584 AQUI ESTA DR PUNTA GORDA FL 33950 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TEAGUE, EILEEN 1584 AQUI ESTA DR PUNTA GORDA FL 33950 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Eileen A. Teague EILEEN A TEAGUE 2/14/05 941-505-7433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #