2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

05 MAY 24 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000051428

1. Entity Name
SALLY GARDNER MARKETING INC.

Principal Place of Business	Mailing Address
20820 DEL LUNA DRIVE BOCA RATON, FL 33433	20820 DEL LUNA DRIVE BOCA RATON, FL 33433

1st MOORE CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc	Suite Apt # etc
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number
65-1013969
Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GOLDBLATT, SALLIE 20820 DEL LUNA DRIVE BOCA RATON, FL 33437	Name Street Address (P.O. Box Number is Not Acceptable) FL

8. The above named entity submits this statement to [illegible] the obligations of registered agent.

SIGNATURE _____
Signature required when executed by corporation, limited liability company, limited partnership, limited liability partnership or foreign entity.

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. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS / CHANGES TO OFFICERS AND DIRECTORS	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GOLDBLATT, SALLIE 10713 LAKE WYNDS CT. BOYNTON BEACH, FL 33437	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition U00000367800 05/20/05-80005-006 150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GOLDBLATT, MURRAY 10713 LAKE WYNDS CT. BOYNTON BEACH, FL 33437	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	NAME / STREET ADDRESS	☐ Change ☐ Addition
NAME / STREET ADDRESS / CITY-ST-ZIP				
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		
TITLE / NAME / STREET ADDRESS		☐ Delete	TITLE / NAME / STREET ADDRESS	☐ Change ☐ Addition

4/25/24

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 requirement is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a director or officer 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: [signature] 4/1/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR