

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2008 08:00 A
Secretary of State

DOCUMENT # P00000117100

1. Entity Name
T.O. MARKETING, INC.



Principal Place of Business
**2571 PONTE VEDRA BLVD.
PONTE VEDRA BEACH, FL 32004**

Mailing Address
**P.O. BOX 1637
PONTE VEDRA BEACH, FL 32004**



04052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3694468	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

**WILLIAMS, THOMAS O JR
2571 PONTE VEDRA BLVD.
PONTE VEDRA BEACH, FL 32082**

**DO NOT WRITE
IN THIS SPACE**

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

Thomas O Williams

Signature of registered agent or printed name of registered agent and date, if applicable.

(NOTE: Registered Agent signature required when reappointing)

3/31/08

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000889624
04/22/08-80059-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	WILLIAMS, THOMAS O JR.
STREET ADDRESS	2571 PONTE VEDRA BLVD.
CITY - ST - ZIP	PONTE VEDRA BEACH, FL 32082

TITLE	
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CITY - ST - ZIP	

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**DO NOT WRITE
IN THIS SPACE**

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:

Thomas O Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/08 904465-2545

DATE

Daytime Phone