

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90104 007 ***150.00

DOCUMENT # P01000014748

1. Entity Name

MARKETING CORPORATION OF CENTRAL FLORIDA



Principal Place of Business

3360 SOUTH ATLANTIC
SUITE 413
COCOA BEACH FL 32932
US

Mailing Address

P.O. BOX 321435
COCOA BEACH FL 32932
US

2. Principal Place of Business

3670 N Atlantic Ave.

3. Mailing Address

PO Box 321435

Suite, Apt. #, etc.

Suite, Apt. #, etc.

32932-1435

City & State

Cocoa, Bch, FLA

City & State

FLORIDA COCOA, Bch FL

Zip

32931

Country

USA

Zip

32932-1435

Country

USA

4. FEI Number

59-3701290

Applied For

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

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

William D. Harrell President

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, 2004 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 IN 11

TITLE D ☐ Delete
NAME HARRELL, WILLIAM DAVID
STREET ADDRESS 4093 CANNON COURT - PO Box 321435
CITY-ST-ZIP KISSIMMEE FL 34746 COCOA, Bch FL

TITLE ☒ Change ☐ Addition
NAME HARRELL, William D.
STREET ADDRESS PO Box 321435
CITY-ST-ZIP COCOA, Bch FL 32932-1435

TITLE ☐ Delete
NAME 32932-1435
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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:

William D. Harrell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/04

Date

321-591-9254

Daytime Phone #