2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000014748

1. Entity Name
MARKETING CORPORATION OF CENTRAL FLORIDA

Principal Place of Business	Mailing Address
3670 NORTH ATLANTIC COCOA BEACH, FL 32931 US	P.O. BOX 321435 COCOA BEACH, FL 32932-1435 US

DO NOT WRITE IN THIS SPACE

04092006 No Chg-P CR2E034 (11/05)

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

HARRELL, WILLIAM DAVID
4093 CANNON COURT
KISSIMMEE, FL 34746

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: William D Hull 4-9-06
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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000503518
04/26/06-80036-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HARRELL, WILLIAM DAVID
STREET ADDRESS	P.O. BOX 321435
CITY-ST-ZIP	COCOA BEACH, FL 329321435
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: William D Hull 4-9-06 321-591-9251
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #