

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000023465

Entity Name: 365 DIRECT MARKETING COMPANY

FILED
Apr 24, 2008
Secretary of State

Current Principal Place of Business:

2119 WEST WATROUS AVE.
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

2119 WEST WATROUS AVE.
TAMPA, FL 33606

New Mailing Address:

FEI Number: 59-3702004

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SEBRING, DORIS
2112 W. WATROUS AVE
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SEBRING, DORIS O
Address: 2112 WATROUS AVE.
City-St-Zip: TAMPA, FL 33606

Title: V () Delete
Name: SEBRING, DORIS
Address: 2112 WEST WATROUS AVE.
City-St-Zip: TAMPA, FL 33706

Title: T () Delete
Name: SEBRING, DORIS O
Address: 2112 W WATROUS AVE
City-St-Zip: TAMPA, FL 33606

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S () Change (X) Addition
Name: SEBRING, DORIS O
Address: 2112 WEST WATROUS AVE.
City-St-Zip: TAMPA, FL 33606

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DORIS O SEBRING

PSTD

04/24/2008

Electronic Signature of Signing Officer or Director

Date