## 2008 FOR PROFIT CORPORATION

## **FILED** 00 AN ate

DOCUMENT # P01000050890  1. Exty, Name POCUS MARKETING OF FLORIDA, INC.    Principal Place of Business	ANNUAL REPORT				Feb 11, 2008 08:0		
DO NOT WRITE IN THIS SPACE    A FEI Number   Separate	1. Entity Nam	ne				Secretary o	f Sta
DO NOT WRITE IN THIS SPACE    4. FEI Number   59-3730150   No. Applied   Ser. 75 Additional   Fee Required   Ser. 75 Additional   Ser. 75 Additiona	PO BOX 100	)	PO BOX 100		-     ·    <b>            </b>		(1)  <b> [1]</b>
HOPEWELL, KAREN 30841 DEER RUN RD DADE CITY, FL 33523  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 Fonds I am familiar with and act the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  OFFICERS AND DIRECTORS  10.  OFFICERS AND DIRECTORS  TITLE  DP HOPEWELL, KAREN SIRET ADDRESS CITY-ST-2P  TITLE  NAME SIRET ADDRESS CITY-ST-2P  TITLE  TITLE  NAME SIRET ADDRESS CITY-ST-2P  TITLE  TITLE	C			CE	02042008 4. FEI Numb 59-373	No Chg-P	ed For pplicable
SIGNATURE Squalities, located agents.  SIGNATURE Squalities, located prings agent and side of applicative. In CTE Registered Agent squalitie required when remaining)  FILE NOW!!! FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  III.E  DP  MAME  HOPPEWELL, KAREN  STREET ADDRESS  CITY-ST-ZIP  SAN ANTONIO, FL 33576  III.E  MAME  MAME  STREET ADDRESS  CITY-ST-ZIP  III.E  MAME  MAME  STREET ADDRESS  CITY-ST-ZIP  III.E  MAME  MAME  STREET ADDRESS  CITY-ST-ZIP  III.E  MAME  STREET ADDRESS  CITY-ST-ZIP  MATE  III.E  MATE  STREET ADDRESS  CITY-ST-ZIP  MATE  III.E  MATE  STREET ADDRESS  CITY-ST-ZIP  III.E  MATE  STREET ADDRESS  CITY-ST-ZIP  STREET ADDRESS  CITY-STREET ADDRESS  CITY-STREET ADDRESS  CITY-S	30841 DE	LL, KAREN ER RUN RD	gistered Agent				
INTE NAME HOPEWELL, KAREN PO BOX 100 SAN ANTONIO, FL 33576  INTLE NAME STREET ADDRESS CITY- ST-ZIP TILE TILE NAME STREET ADDRESS CITY- ST-ZIP TILE TILE TILE TILE TILE TILE TILE TILE	signature	signature, typed or printer and of registered agent and	title if applicable (NOTE Register  9. Election Campaign Fina	ed Agent signature required	d when reinstating) .00 May Be	<u> </u>	
STREET ADDRESS CHY-SI-ZIP TITLE NAME STREET ADDRESS	ITILE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME	DP HOPEWELL, KAREN PO BOX 100	RECTORS				

12. Thereby 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:

CITY-ST-ZIP

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #