


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000075227	
1. Entity Name MUTUAL MARKETING GROUP, INC.	

Principal Place of Business 7257 BEE RIDGE RD. SARASOTA, FL 34241	Mailing Address 7257 BEE RIDGE RD. SARASOTA, FL 34241
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DO NOT WRITE IN THIS SPACE



05142004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0942518	<input type="checkbox"/> 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

ZIMNY, ROBERT S
7257 BEE RIDGE RD.
SARASOTA, FL 34241

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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 Robert S. Zimny DATE 5/10/04

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	ZIMNY, ROBERT S
STREET ADDRESS	7257 BEE RIDGE RD.
CITY-ST-ZIP	SARASOTA, FL 34241
TITLE	V
NAME	ZIMNY, CAROLYN S
STREET ADDRESS	7257 BEE RIDGE ROAD
CITY-ST-ZIP	SARASOTA, FL 34241
TITLE	V
NAME	HOGAN, CHERYL A
STREET ADDRESS	7257 BEE RIDGE ROAD
CITY-ST-ZIP	SARASOTA, FL 34241
TITLE	T
NAME	KLINGEL, DENISE M
STREET ADDRESS	7257 BEE RIDGE ROAD
CITY-ST-ZIP	SARASOTA, FL 34241
TITLE	S
NAME	ZIMNY, JENNIFER S
STREET ADDRESS	7257 BEE RIDGE ROAD
CITY-ST-ZIP	SARASOTA, FL 34241
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/18/04-80005-011 150.00

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 Denise Klingel Denise Klingel 941-379-4646

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #