

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 26, 2005 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



01042005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0942518

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

~~UN00000190360~~  
~~12/24/05-80001-012 150.00~~

UN00000195619  
01/26/05-80035-018 150.00

**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #