2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State
01-23-2004 90043 025 ***150.00

DOCUMENT # P01000080210

1. Entity Name
4 D MARKETING & PROMOTIONS, INC.

Principal Place of Business
~~280 TROPIC BLVD., EAST~~
~~LARGO, FL 33770~~

Mailing Address
~~280 TROPIC BLVD., EAST~~
~~LARGO, FL 33770~~

01152004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2131 RIDGE RD SO.	2131 RIDGE RD S.
Suite, Apt. #, etc. BLDG U #119	Suite, Apt. #, etc. BLDG. U #119
City & State LARGO, FL 33778	City & State LARGO, FL
Zip 33778 Country PINELLAS	Zip 33778 Country PINELLAS

4. FEI Number 59-3737887 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WILLETT, CANTER & MCDANIEL, CPA'S, PA
2100 W. BAY DRIVE
LARGO, FL 33770

7. Name and Address of New Registered Agent

Name TARA JACOBSEN
Street Address (P.O. Box Number is Not Acceptable) 2131 RIDGE RD S. BLDG. U. #119
City LARGO FL Zip Code 33778

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 X Tara Jacobsen X 1/19/04
(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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JACOBSEN, TARA L ~~280 TROPIC BLVD., EAST~~ ~~LARGO, FL 33770~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 2131 RIDGE RD. SOUTH BLDG. U. #119 LARGO, FL 33778
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: X Tara Jacobsen TARA L. JACOBSEN X 1/19/04 X (727) 415-9165
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #