


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2006 8:00 am
Secretary of State

02-01-2006 90010 021 ***150.00

DOCUMENT # P01000080210

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



Principal Place of Business Mailing Address

**2131 RIDGE RD SO.
 BLDG U #119
 LARGO, FL 33778** **2131 RIDGE RD SO.
 BLDG U #119
 LARGO, FL 33778**

2. Principal Place of Business 3. Mailing Address

1600 CROWN STREET **1600 CROWN STREET**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State


CLEARWATER, FL **CLEARWATER, FL**

Zip Country Zip Country

33755 **33755** **33755**

6. Name and Address of Current Registered Agent

**JACOBSEN, TARA
 2131 RIDGE RD SO., BLDG. 119
 LARGO, FL 33778**



01272006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For

59-3737887 Not Applicable

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1600 CROWN STREET

City State Zip Code

CLEARWATER FL 33755

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: *Tara Jacobsen* DATE: **1/27/06**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBSEN, TARA L	NAME	
STREET ADDRESS	2131 RIDGE RD SO., BLDG. 119	STREET ADDRESS	1600 CROWN STREET
CITY-ST-ZIP	LARGO, FL 33778	CITY-ST-ZIP	CLEARWATER, FL 33755
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby 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: *Tara Jacobsen* DATE: **1/27/06** DAYTIME PHONE: **727459165**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR