

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000083458

Entity Name: LACITA MARKETING, INC.

FILED
Apr 12, 2004
Secretary of State

Current Principal Place of Business:

81 PASSAGE ISLAND
VERO BEACH, FL 32963

New Principal Place of Business:

Current Mailing Address:

PO BOX 2127
VERO BEACH, FL 329612127

New Mailing Address:

PO BOX 2127
VERO BEACH, FL 329612127 US

FEI Number: 59-3742907

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POLACKWICH, ALAN S SR
CLEM, POLACKWICH, VOCELLE & BERG, LLP
3333 20TH ST.
VERO BEACH, FL 32960 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: CROCKETT, JAMES K
Address: 81 PASSAGE ISLAND
City-St-Zip: VERO BEACH, FL 32963

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: CROCKETT, HELEN R
Address: 81 PASSAGE ISLAND
City-St-Zip: VERO BEACH, FL 32963 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES K. CROCKETT

PST

04/12/2004

Electronic Signature of Signing Officer or Director

_____ Date