2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 17, 2004 08:00 AM Secretary of State

DOCUMENT	#	P01	100	01	0	82	44
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1. Entity Name

AKA MARKETING AND CONSULTING, INC.



Principal Place of Business

19535 GULF BOULEVARD

SUITE C

INDIAN SHORES, FL 33785

Mailing Address

19535 GULF BOULEVARD

SUITE C

DO NOT WRITE IN THIS SPACE

INDIAN SHORES, FL 33785



03062004

No Chg-P

CR2E034 (10/03)

٩.	FEI Number
	59-3755233

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARSENAULT, KENNETH G JR 10225 ULMERTON ROAD SUITE 2 LARGO, FL 33771

SIGNATURE:

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	surpose of changing its registered office of	r registered agent, or bo	oth, in the State of Florida. I am familiar	with, and accept		
SIGNATURE_	Signature, typod or printed name of registered agent and fille	8 applicable. (NOTE Registered Agent signal	ure required when reinstating)	DATE	*** ** · · ·		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			\$5.00 May Be Added to Fees	U00000030720 03/17/04-80029-020	150.00		
10.	OFFICERS AND DIREC	CTORS					
THTLE NAME STREET ADDRESS CHY-ST-ZIP	PS AUERBACH, AMY K 19535 GULF BOULEVARD, SUITE C INDIAN SHORES, FL 33785						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,						
TITLE NAME STREET ADDRESS CHY-SI-ZIP			DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN '	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. I hereby certify that the information supplied with this filling 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 reconver 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 attackness with all other like empowered.							

AND TYPED OF PRINTED HAME OF SIGNING OFFICER OR SIRECTOR

727-596-