## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P02000062214**

1. Entity Name
USHER MARKETING CONCEPTS, INC.



FILED Apr 15, 2004 08:00 AM Secretary of State

Principal Place of Business

3960 NAVY BLVD STE 40 PENSACOLA, FL 32507 Mailing Address

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3960 NAVY BLVD STE 40 PENSACOLA, FL 32507

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent



03122004 No

No Chg-P

CR2E034 (10/03)

FEI Number
 71-0888131

Applied For Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

Devime Phone #

USHER, CHRISTOPHER 3960 NAVY BLVD STE 40

PENSACOLA, FL 32507

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plans of registered agent.	surpose of changing its registere	d office or re	egistered agent, or b	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent and title	Fapplicable. (NOTE Registerso	i Agent signatura	required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution.	cing 🖂	\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D USHER, CHRISTOPHER 3960 NAVY BLVD PENSACOLA, FL 32507		U00000113707 04/15/04-80020-008 158.75			
TITLE NAME STREET AGDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-7IP		:	DO NOT WRITE IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. If 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 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.						