

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2004 8:00 am
Secretary of State

05-17-2004 90021 003 ***550.00

DOCUMENT # P02000094094					
1. Entity Name ALL ACCESS MARKETING, INC.					
Principal Place of Business 1551 ATLANTIC BLVD. 1ST FLOOR JACKSONVILLE, FL 32207			Mailing Address 2504 PINERIDGE RD. JACKSONVILLE, FL 32207		
2. Principal Place of Business 1001-1 Kings Ave. Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Jacksonville, FL Zip 32207 Country USA		City & State Jacksonville, FL Zip 32207 Country USA		4. FEI Number 05-0529132	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent BEDWELL, ROBIN C MS. 1750 ORLANDO CIR N JACKSONVILLE, FL 32207			7. Name and Address of New Registered Agent Susan Ruckman 2504 Pineridge Rd Jacksonville, FL 32207		
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: <u>Susan M. Ruckman</u> DATE: <u>5/14/04</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME RUCKMAN, SUSAN M MS STREET ADDRESS 2504 PINERIDGE RD. CITY-ST-ZIP JACKSONVILLE, FL 32207	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition	
TITLE VP NAME Jennifer C. Brower STREET ADDRESS 220 San Juan CITY-ST-ZIP Ponte Vedra Beach, FL 32082	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition	
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: <u>Susan M. Ruckman</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<u>5/14/04</u> <u>(904) 398-1950</u> Date Daytime Phone #		

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