



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90058 023 \*\*\*150.00

<b>DOCUMENT # P02000101089</b> 1. Entity Name <b>THE MARKETING SOURCE, INC.</b>					
Principal Place of Business <b>4859 PARK ST. NORTH 233 ST PETERSBURG, FL 33709</b>		Mailing Address <b>5621 PARK ST N ST PETERSBURG, FL 33709</b>			
2. Principal Place of Business <b>9901 Saga Point Drive</b> Suite, Apt. #, etc.		3. Mailing Address <b>9901 Saga Point Drive</b> Suite, Apt. #, etc.		<b>94043428</b> 	
City & State <b>Largo, FL</b>		City & State <b>Largo, FL</b>		4. FEI Number <b>14-1846960</b>	
Zip <b>33777</b>		Country <b>Pinellas</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>BUKETT, THOMAS J 3570 SHORELINE CIR. PALM HARBOR, FL 34684</b>				7. Name and Address of New Registered Agent Name <b>VANCE L. VOGEL</b> Street Address (P.O. Box Number is Not Acceptable) <b>9901 Saga Point Drive</b> City <b>Largo</b> <b>FL</b> Zip Code <b>33777</b>	
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><i>[Signature]</i></u> DATE <b>4-1-04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BURKETT, THOMAS J 3570 SHORELINE CIR. PALM HARBOR, FL 34684</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P, S, T, Chairman VANCE L. VOGEL 9901 Saga Point Dr Largo, FL 33777</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>4-1-04</b> <small>Daytime Phone #</small>		