

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000058710

**FILED**  
**Mar 13, 2012**  
**Secretary of State**

**Entity Name:** VENTILATION MARKETING SERVICES, INC.

**Current Principal Place of Business:**

316 W CENTRAL AVE.  
SUITE 606  
WINTER HAVEN, FL 33880

**New Principal Place of Business:**

39 THIRD STREET SW  
SUITE 206  
WINTER HAVEN, FL 33880

**Current Mailing Address:**

316 W CENTRAL AVE.  
SUITE 606  
WINTER HAVEN, FL 33880

**New Mailing Address:**

39 THIRD STREET SW  
SUITE 206  
WINTER HAVEN, FL 33880

**FEI Number:** 11-3690899

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SMITH, GARY D  
23 CANTERBURY DRIVE  
HAINES CITY, FL 33844 US

**Name and Address of New Registered Agent:**

REYNOLDS, JODY M  
1505 MEADOWVIEW NE  
WINTER HAVEN, FL 33881 US

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: JODY REYNOLDS

03/13/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: MRS  
Name: REYNOLDS, JODY M  
Address: 1505 MEADOWVIEW NE  
City-St-Zip: WINTER HAVEN, FL 33881

I hereby 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 all other like empowered.

SIGNATURE: JODY REYNOLDS

PRES

03/13/2012

Electronic Signature of Signing Officer or Director

Date