

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000104317

FILED  
Apr 23, 2009  
Secretary of State

Entity Name: INDEPENDENT MARKETING GROUP, INC.

## Current Principal Place of Business:

1 INDEPENDENT DR SUITE 3201  
JACKSONVILLE, FL 32202

## New Principal Place of Business:

1 INDEPENDENT DRIVE  
SUITE 3201  
JACKSONVILLE, FL 32202

## Current Mailing Address:

1 INDEPENDENT DR SUITE 3201  
JACKSONVILLE, FL 32202

## New Mailing Address:

1 INDEPENDENT DRIVE  
SUITE 3201  
JACKSONVILLE, FL 32202

FEI Number: 20-1382401

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MILAM HOWARD NICANDRI DEES & GILLAM, P.A.  
14 EAST BAY STREET  
JACKSONVILLE, FL 32202 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete  
Name: BRYAN, SHELDON C  
Address: 1 INDEPENDENT DRIVE, SUITE 3201  
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: PD ( ) Delete  
Name: KEEN, BRIAN  
Address: 1 INDEPENDENT DRIVE, SUITE 3201  
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: SD ( ) Delete  
Name: BALL, BUTLER  
Address: 1 INDEPENDENT DRIVE, SUITE 3201  
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: D ( ) Delete  
Name: FALLOON, NANCY  
Address: 1 INDEPENDENT DRIVE, SUITE 3201  
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: DT ( ) Delete  
Name: BRYAN, CARTER B  
Address: 1 INDEPENDENT DRIVE, SUITE 3201  
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: AS ( ) Delete  
Name: HOWARD, G. ALAN  
Address: 14 EAST BAY STREET  
City-St-Zip: JACKSONVILLE, FL 32202 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: G. ALAN HOWARD

AS

04/23/2009

Electronic Signature of Signing Officer or Director

Date