

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90021 045 ***150.00

DOCUMENT # P04000168929	
1. Entity Name ANTO MARKETING, INC.	



Principal Place of Business 230 S DIXIE HWY # 202 LAKE WORTH, FL 33460 US	Mailing Address 230 S DIXIE HWY # 202 LAKE WORTH, FL 33460 US
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40057456



2. Principal Place of Business - No P.O. Box # 29 Baytree Circle Suite, Apt. #, etc.	3. Mailing Address 29 Baytree Circle Suite, Apt. #, etc.
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04102007 Chg-P CR2E034 (12/06)

City & State Boynton Bch FL	City & State Boynton Bch FL
Zip 33436	Zip 33436
Country USA	Country USA

4. FEI Number 32-0134967	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANTONUCCI, MARK V 230 S DIXIE HWY, # 202 LAKE WORTH, FL 33460 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Antonucci, Mark V. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 29 Baytree Circle Boynton Bch FL 33436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO ANTONUCCI, MARK V 230 S DIXIE HWY, # 202 LAKE WORTH, FL 33460 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Mark V. Antonucci <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 29 Baytree Circle Boynton Bch FL 33436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CANNELL ANTONUCCI, LISA 230 S DIXIE HWY # 202 LAKE WORTH, FL 33460 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Lisa C. Antonucci <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 29 Baytree Circle Boynton Bch FL 33436
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
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
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 exemptions contained 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 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: _____ Date: 4/10/07 Daytime Phone #: 561 964 6987