

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2006 8:00 am**  
**Secretary of State**

03-29-2006 90117 050 \*\*\*150.00

DOCUMENT # P05000059205

1. Entity Name  
MARKETING FOR CHANGE INC.



Principal Place of Business  
2000 APALACHEE PARKWAY  
200  
TALLAHASSEE, FL 32301

Mailing Address  
2000 APALACHEE PARKWAY  
200  
TALLAHASSEE, FL 32301

2. Principal Place of Business  
117 S. Gadsden St.

3. Mailing Address  
117 S. Gadsden St

Suite, Apt. #, etc.  
Ste. 100

Suite, Apt. #, etc.  
Ste. 100

City & State  
Tallahassee, FL

City & State  
Tallahassee, FL

Zip Country  
32301

Zip Country  
32301

01182006 Chg-P CR2E034 (11/05)

4. FEI Number  
20-2713675

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

HERRLE, APRIL S  
2000 APALACHEE PARKWAY  
200  
TALLAHASSEE, FL 32301

## 7. Name and Address of New Registered Agent

Name  
Same (address change only)  
Street Address (P.O. Box Number is Not Acceptable)  
117 S. Gadsden St.  
City  
Tallahassee FL Zip Code  
32301

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
P MITCHELL, PETER K ☐ Delete  
STREET ADDRESS  
622 HILLCREST STREET  
CITY- ST- ZIP  
TALLAHASSEE, FL 32308

TITLE  
NAME  
S/T HERRLE, APRIL S ☐ Delete  
STREET ADDRESS  
2000 APALACHEE PARKWAY, SUITE 200  
CITY- ST- ZIP  
TALLAHASSEE, FL 32301

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
S/T HERRLE, APRIL S ☒ Change ☐ Addition  
STREET ADDRESS  
117 S. Gadsden St.  
CITY- ST- ZIP  
Tallahassee, FL 32301

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone: #