

**2007 FORP ROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000117649

1. Entity Name
BRISTOL MARKETING GROUP INC.



Principal Place of Business
**8051 NORTH TAMiami TRAIL
BOX 2
SARASOTA, FL 34243**

Mailing Address
**8051 NORTH TAMiami TRAIL
BOX 2
SARASOTA, FL 34243**



04112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0555044

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LEONARD SCHMOYER T
8051 NORTH TAMiami TRAIL
BOX 2
SARASOTA, FL 34243**

**DO NOT WRITE
IN THIS SPACE**

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!!! EIS \$1 50.00
After May1,2007 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 STREET ADDRESS CITY-ST-ZIP	P SCHMOYER, LEONARD T 770 INDIAN BEACH CIRCLE SARASOTA, FL 34234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JACOB, DAVID J 3524 CORONADA DRIVE #309 SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

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

4/11/07 941-365-1655
Date Daytime Phone #

LEONARD T SCHMOYER