

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P06000004326



1. Entity Name  
LMI MARKETING, INC.

Principal Place of Business  
661 DORAL LANE  
MELBOURNE, FL 32940

Mailing Address  
P.O. BOX 561464  
ROCKLEDGE, FL 32956-1464

**FILED  
Apr 24, 2008 08:00 AM  
Secretary of State**

**DO NOT WRITE IN THIS SPACE**

04212008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-4100588	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOCINSKY, MARK L  
661 DORAL LANE  
MELBOURNE, FL 32940

**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!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME BOCINSKY, MARK L  
STREET ADDRESS 661 DORAL LANE  
CITY-ST-ZIP MELBOURNE, FL 32940

TITLE VP  
NAME PIERCE, LISA  
STREET ADDRESS 3115 SHERRY DRIVE  
CITY-ST-ZIP ORLANDO, FL 32810

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

UD00000918242  
05/13/08-80113-014 150.00

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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:** *Mark B*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-08

Date

Daytime Phone #