

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000108849

**FILED**  
**Feb 18, 2011**  
**Secretary of State**

**Entity Name:** SUCCESSFUL TARGETED MARKETING, STM, INC.

**Current Principal Place of Business:**

1391 NW ST LUCIE WEST BLVD  
176  
PORT ST LUCIE, FL 34986

**New Principal Place of Business:**

**Current Mailing Address:**

1391 NW ST LUCIE WEST BLVD  
176  
PORT ST LUCIE, FL 34986

**New Mailing Address:**

**FEI Number:** 84-1716757

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

YOUNG & BACK CPAS  
6837 SOUTH US 1  
PORT ST LUCIE, FL 34952 US

**Name and Address of New Registered Agent:**

FISCHER, STEPHANIE M  
1391 NW ST LUCIE WEST BLVD  
176  
PORT ST. LUCIE, FL 34986 US

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: STEPHANIE FISCHER

02/18/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: FISCHER, ANDREW H  
Address: 1391 NW ST LUCIE WEST BLVD  
City-St-Zip: PORT ST LUCIE, FL 34986

Title: VP  
Name: FISCHER, STEPHANIE M  
Address: 1391 NW ST LUCIE WEST BLVD  
City-St-Zip: PORT ST LUCIE, FL 34986

Title: TREA  
Name: FISCHER, STEPHANIE M  
Address: 1391 NW ST. LUCIE WEST BLVD  
City-St-Zip: PORT ST LUCIE, FL 34986

I hereby 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 all other like empowered.

SIGNATURE: STEPHANIE FISCHER

VP

02/18/2011

Electronic Signature of Signing Officer or Director

Date