


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90469 023 ***150.00

DOCUMENT # P92000008356	
1. Entity Name PROFESSIONAL LEADS AND MARKETING, INC.	

Principal Place of Business 4740 CLEVELAND HEIGHTS BLVD. SUITE 5 LAKELAND, FL 33813 US	Mailing Address 4740 CLEVELAND HEIGHTS BLVD., SUITE 5 LAKELAND, FL 33813 US
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2. Principal Place of Business 2000 E Edgewood Dr	3. Mailing Address PO Box 24748
Suite, Apt. #, etc. Suite 109	Suite, Apt. #, etc.
City & State Lakeland FL	City & State Lakeland FL
Zip 33803	Country USA

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04202006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3152772		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent PUTNAM, ABEL A 500 S FLORIDA AVENUE, SUITE 300 LAKELAND, FL 33801		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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, 2006 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	VD PENNACHIO, JOHN 4740 CLEVELAND HEIGHTS BLVD., STE 5 LAKELAND, FL 33813 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2000 E. Edgewood Dr, Ste 109 Lakeland FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD LASSITER, HUBERT E. E 4740 CLEVELAND HEIGHTS BLVD., STE 5 LAKELAND, FL 33813 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2000 E Edgewood Dr, Ste 109 Lakeland FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WISEMAN, KENNETH R 4740 CLEVELAND HEIGHTS BLVD., STE 5 LAKELAND, FL 33813 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2000 E Edgewood Dr, Ste 109 Lakeland, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WELLS, MARK R 4740 CLEVELAND HEIGHTS BLVD., STE 5 LAKELAND, FL 33813 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2000 E Edgewood Dr, Ste 109 Lakeland FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Carl J. Maenza 2000 E Edgewood Dr, Ste 109 Lakeland FL 33803
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: Kenneth R Wiseman **4-20-06** **863-666-8726**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #