
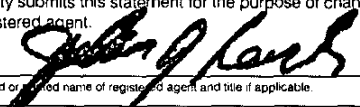
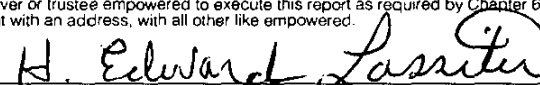


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90134 010 ***150.00

DOCUMENT # P92000008356 1. Entity Name PROFESSIONAL LEADS AND MARKETING, INC.					
Principal Place of Business 2000 EAST EDGEWOOD DR SUITE 109 LAKELAND, FL 33803 US			Mailing Address PO BOX 24748 LAKELAND, FL 33802 US		
2. Principal Place of Business - No P.O. Box # 1732 PETERSBURG AV Suite, Apt. #, etc. LAKELAND, FL 33803			3. Mailing Address Suite, Apt. #, etc. LAKELAND, FL 33803 City & State USA Zip 33803		
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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable</small> </div> <div style="width: 40%; text-align: right;"> 4-30-08 <small>DATE</small> </div> </div>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PENNACHIO, JOHN 2000 EAST EDGEWOOD DR SUITE 109 LAKELAND, FL 33803	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6612 CRESCENT LAKE DR LAKELAND, FL 33813	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD LASSITER, HUBERT E. E 2000 EAST EDGEWOOD DR SUITE 109 LAKELAND, FL 33803	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1732 PETERSBURG AV LAKELAND, FL 33803	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WISEMAN, KENNETH R 2000 EAST EDGEWOOD DR SUITE 109 LAKELAND, FL 33803	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6105 N DIXIE DR DAYTON, OH 45414	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WELLS, MARK R 2000 EAST EDGEWOOD DR SUITE 109 LAKELAND, FL 33803	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9416 BRYANT RD LAKELAND, FL 33809	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MAENZA, CARL J 2000 EAST EDGEWOOD DR SUITE 109 LAKELAND, FL 33803	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-30-08 <small>Date</small>		
			863-682-8637 <small>Daytime Phone #</small>		