2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 12, 2004 8:00 am Secretary of State

DOCUMENT # P94000044606 1. Entity Name INVESTORS MARKETING GROUP, INC.					UI-1 <i>2-2</i>	004 90003 050 ***:	150.00	
Principal Place of Business 3030 HARTLEY RD. #390 JACKSONVILLE, FL 32257		Mailing Address P O BOX 56050 JACKSONVILLE, FL 32	*		一一一 東京家である) ものすっと 新学 1400年11月1日 1811日			
2. Principal Pl	lace of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc	Suite, Apt. #, etc		004 Chg-P	CR2E034 (10/03)		
City & State		City & State	City & State		umber 0499004	 }	plied For ot Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired		_ \$8.75 Add	ditional	
	6. Name and Address of Cur	rent Registered Agent	<u> </u>	7. Name	and Address of New			
			Name					
POWELL, SUSAN F 3030 HARTLEY RD. #390				Street Address (P.O. Box Number is Not Acceptable)				
JACKSON	VILLE, FL 32257							
			City			FL Zip Code	e	
	named entity submits this statemetions of registered agent.	ent for the purpose of changing its	registered office o	r registered agent,	or both, in the State of	Florida. I am tamiliar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (NO	E Registered Agent signs	ture required when reinstati	ng) .	DATE		
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$5	9. Election Campa		\$5.00 May 6	36		· · · · · · · · · · · · · · · · · · ·	
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I nereby certify that the information supplied with this tiling does not qualify for the exemption stated in section 1119,750,7, notice as a stated as a first on the report or supplied with the 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: SUSAN F. POWELL	01/08/04	(904)260-6990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #