


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 8:00 am
Secretary of State

01-27-2005 90056 003 ***150.00

DOCUMENT # P94000044606							
1. Entity Name INVESTORS MARKETING GROUP, INC.							
Principal Place of Business 3030 HARTLEY RD. #390 JACKSONVILLE, FL 32257			Mailing Address P O BOX 56050 JACKSONVILLE, FL 32241				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 65-0499004			
				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			7. Name and Address of New Registered Agent				
POWELL, SUSAN F 3030 HARTLEY RD. #390 JACKSONVILLE, FL 32257			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, 2005 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	EVD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	POWELL, SUSAN F	NAME					
STREET ADDRESS	3030 HARTLEY RD #390	STREET ADDRESS					
CITY-ST-ZIP	JACKSONVILLE, FL 32257	CITY-ST-ZIP					
TITLE	SVPT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	BRILL, JOHN M	NAME					
STREET ADDRESS	15305 DALLAS PKWY. #700	STREET ADDRESS					
CITY-ST-ZIP	ADDISON, TX 75001	CITY-ST-ZIP					
TITLE	CEO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	CORCOS, YVES	NAME					
STREET ADDRESS	15305 DALLAS PKWY. #700	STREET ADDRESS					
CITY-ST-ZIP	ADDISON, TX 75001	CITY-ST-ZIP					
TITLE	GCAC <input checked="" type="checkbox"/> Delete	TITLE	ASSISTANT CORPORATE SEC. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	ANDREWS, JOHN T	NAME	LUCY TELLES				
STREET ADDRESS	199 WATER ST	STREET ADDRESS	15305 DALLAS PKWY #370				
CITY-ST-ZIP	NEW YORK, NY 10038	CITY-ST-ZIP	ADDISON, TX 75001				
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	DURAND, ROMAIN	NAME					
STREET ADDRESS	92074 PARIS LA DEFENSE CEDEX	STREET ADDRESS					
CITY-ST-ZIP	PARIS,	CITY-ST-ZIP					
TITLE	CSAG <input type="checkbox"/> Delete	TITLE	CSGC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	VERNE, MAXINE	NAME					
STREET ADDRESS	199 WATER ST	STREET ADDRESS					
CITY-ST-ZIP	NEW YORK, NY 10038	CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>[Signature]</i>		Date: 1/13/05		Daytime Phone #: (904) 268-8487			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							