

2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P94000044606

1. Entity Name  
INVESTORS MARKETING GROUP, INC.



Principal Place of Business  
8380 BAYMEADOWS ROAD  
SUITE 12  
JACKSONVILLE, FL 32256

Mailing Address  
P O BOX 56050  
JACKSONVILLE, FL 32241 US



01112007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0499004

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POWELL, SUSAN F  
8380 BAYMEADOWS ROAD  
SUITE 12  
JACKSONVILLE, FL 32256

**DO NOT WRITE  
IN THIS SPACE**

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 Susan F. Powell, Exec. V.P.  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/12/07  
DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

00000587012  
01/24/07-80019-009 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVD POWELL, SUSAN F 8380 BAYMEADOWS ROAD, SUITE 12 JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPT BRILL, JOHN M 15305 DALLAS PKWY. #700 ADDISON, TX 75001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD CORCOS, YVES 15305 DALLAS PKWY. #700 ADDISON, TX 75001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ACS TELLES, LUCY 15305 DALLAS PARKWAY #370 ADDISON, TX 75001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CSGC VERNE, MAXINE 199 WATER ST NEW YORK, NY 10038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: Susan F. Powell 1/12/07 904-260-6990  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #