

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P94000063855

1. Entity Name
T.E.A.M. MARKETING, INC.



Principal Place of Business
**2101 CORPORATE BLVD NW
317
BOCA RATON, FL 33431 US**

Mailing Address
**2101 CORPORATE BLVD NW
317
BOCA RATON, FL 33431 US**



02082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0524624

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LEVY, JOEL
LEVY & ASSOCIATES, P.A.
2101 CORPORATE BLVD., NW, #317
BOCA RATON, FL 33431**

**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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
MARSHALL, WILLIAM C III
6599 NW 97TH DRIVE
PARKLAND, FL 33076**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
MARSHALL, MICHELLE L
6599 NW 97 TH DR
PARKLAND, FL 33076**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000863131
03/21/07-80041-001 150.00

**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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/3/07

Date Daytime Phone #