

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
Mar 14, 2005 8:00 am
Secretary of State

02-01-2005 90034 017 ***150.00

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1st MOORE CR2E034 (10/04)

DOCUMENT # P94000069936			
1. Entity Name MANUFACTURER'S MARKETING SERVICES, INC.			
Principal Place of Business 714 WEST SYLVAN DRIVE BRANDON FL 33510		Mailing Address 714 WEST SYLVAN DRIVE BRANDON FL 33510	
2. Principal Place of Business 11803 E. MLK. BLVD Suite, Apt. #, etc. N/A		3. Mailing Address 11803 E. MLK. BLVD Suite, Apt. #, etc. N/A	
City & State SEFFNER, FL		City & State SEFFNER, FL	
Zip 33594	Country USA	Zip 33594	Country USA
4. FEI Number 59-3269599		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 WEEKS, CELESTE A 714 W SYLVAN DRIVE SUITE 9999 BRANDON FL 33510		7. Name and Address of New Registered Agent 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 Signature, typed or printed name of registered agent and title if applicable		DATE (NOTE: Registered Agent signature required when renewing)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		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	D WEEKS, HARRY D C/O 714 WEST SYLVAN DRIVE BRANDON FL 33510 <input type="checkbox"/> Delete PRESIDENT	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CELESTE A. WEEKS 714 W. SYLVAN DR. BRANDON, FL 33510 <input type="checkbox"/> Delete V.P. SECY / TREASURER	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	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	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	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	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 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: Celeste A. Weeks		Date 1-25-05 Daytime Phone # 813 684-0603	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			