


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 25, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P94000088174  
1. Entity Name  
MARKETING WORKS, INC.



Principal Place of Business  
2605 MAITLAND CENTER PKWY  
SUITE C  
MAITLAND, FL 32751-7139 US

Mailing Address  
2605 MAITLAND CENTER PKWY  
SUITE C  
MAITLAND, FL 32751-7139 US

**DO NOT WRITE IN THIS SPACE**



02172004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3320191

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
YARMUTH, ROBERT N  
2605 MAITLAND CENTER PKWY.  
SUITE C  
MAITLAND, FL 32751-7139

**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 \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

000000065788  
02/25/04-80051-018 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YARMUTH, ROBERT N 2605 MAITLAND CENTER PKWY, SUITE C MAITLAND, FL 327517139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YARMUTH, JEFFREY T 2605 MAITLAND CENTER PKWY SUITE C MAITLAND, FL
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	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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: Robert N. Yarmuth 2/17/04 (407) 660-8888  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #