

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90084 020 ***150.00

DOCUMENT # P95000095795

1. Entity Name

INFOSALON NEWSLETTER SERVICES, INC.



Principal Place of Business

2502 W MAIN ST
TAMPA FL 33607

Mailing Address

P.O. BOX 14171
TAMPA FL 33690



2. Principal Place of Business

3. Mailing Address

P.O. BOX 4677

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
TAMPA, FL

4. FEI Number

59-3348228

Applied For

Not Applicable

Zip

Country

Zip

33607

Country

U.S.A

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTIN, DONNA L
213 BEACH PL W
TAMPA FL 33606

Name

MARTIN, DONNA L.

Street Address (P.O. Box Number is Not Acceptable)

2502 W. MAIN ST.

City

TAMPA

FL

Zip Code

33607

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 reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	MARTIN, DONNA L	
STREET ADDRESS	2911 W MORRISON AVE #18	
CITY - ST - ZIP	TAMPA FL 33629	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITE, MARC D	
STREET ADDRESS	213 BEACH PLACE	
CITY - ST - ZIP	TAMPA FL 33606	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	PRES/CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONNA MARTIN-WHITE	
STREET ADDRESS	2502 W. MAIN ST.	
CITY - ST - ZIP	TAMPA, FL 33607	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARC D. WHITE	
STREET ADDRESS	2502 W. MAIN ST.	
CITY - ST - ZIP	TAMPA, FL 33607	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Date

Daytime Phone #