


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000027051**

1. Entity Name  
**IMPACT MARKETING SERVICES, INC.**



Principal Place of Business <b>425 - 14TH AVENUE N.E.          SAINT PETERSBURG, FL 33701 US</b>	Mailing Address <b>425 - 14TH AVENUE N.E.          SAINT PETERSBURG, FL 33701 US</b>
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**DO NOT WRITE IN THIS SPACE**



01122004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3374773</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**MULLIGAN, CYNTHIA  
 425 - 14TH AVE. N.E.  
 SAINT PETERSBURG, FL 33701**

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

**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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MULLIGAN, SEAN 585 CHANNEL CT. PALM HARBOR, FL 34684
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MULLIGAN, CYNDI 425 14TH AVENUE, N.E. ST. PETERSBURG, FL 33701
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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000000132880  
 04/27/04-80065-005 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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:** \_\_\_\_\_ DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR