
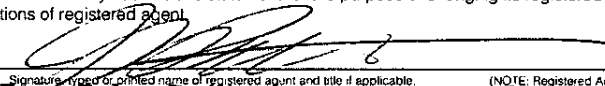



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2004 8:00 am**  
**Secretary of State**

03-26-2004 90030 019 \*\*\*150.00

<b>DOCUMENT # P96000033474</b> 1. Entity Name <b>S&amp;K MARKETING, INC.</b>					
Principal Place of Business <b>46 N. WASHINGTON BLVD., #1 SARASOTA, FL 34236</b>			Mailing Address <b>46 N. WASHINGTON BLVD., #1 SARASOTA, FL 34236</b>		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number <b>65-0659886</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>PATTERSON, JOHN 46 N. WASHINGTON BLVD., #1 SARASOTA, FL 34236</b>			7. Name and Address of New Registered Agent Name <b>LPS CORPORATE SERVICES, INC.</b> Street Address (P.O. Box Number is Not Acceptable) <b>46 N. WASHINGTON BLVD., #1</b> City <b>SARASOTA</b> FL <b>34236</b>		
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 <b>11/29/04</b> By: <b>John Patterson, as President</b> (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP O'MALLEY, DAVID E 46 N. WASHINGTON BLVD., #1 SARASOTA, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSTD O'MALLEY, SUZANNE 46 WASHINGTON BLVD., #1 SARASOTA, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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:  <b>SUZANNE O'MALLEY, VICE PRESIDENT</b>			(708) <del>371-3550</del> Date <b>815-462-3500</b> Daytime Phone #		