


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90318 018 ***150.00

DOCUMENT # P96000086436		
1. Entity Name FLORIDA SALES & MARKETING SERVICES, INC.		

Principal Place of Business 340 TUSCANY WAY #104 MELBOURNE, FL 33314	Mailing Address P.O. BOX 120307 WEST MELBOURNE, FL 32912-0307
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50044283



2. Principal Place of Business 2233 WOODFIELD CIRCLE	3. Mailing Address (SEE ABOVE)
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02182005 Chg-P CR2E034 (10/03)

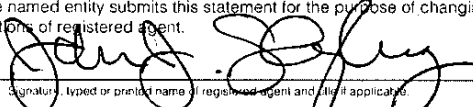
City & State MELBOURNE, FL	City & State
Zip 32904	Country

4. FEI Number 65-0706650	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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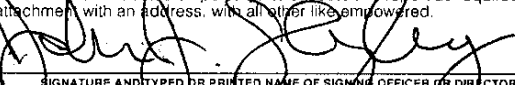
6. Name and Address of Current Registered Agent	
SHAUGHNESSY, JOHN J. 340 TUSCANY WAY #104 FORT LAUDERDALE, FL 33314	
2233 WOODFIELD CIRCLE MELBOURNE, FL 32904	

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 	JOHN J. SHAUGHNESSY 4/21/05 DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHAYGHNESSY, JENILEE 340 TUSCANY WAY #104 FORT LAUDERDALE, FL 33314	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SHAUGHNESSY, JOHN J 340 TUSCANY WAY #104 FORT LAUDERDALE, FL 33314	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		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:  JOHN J. SHAUGHNESSY	4/21 Date

954/214 9497
Daytime Phone #