


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90367 046 ***150.00

DOCUMENT # P96000103686 1. Entity Name MAINLY MARKETING, INC.			
Principal Place of Business 2755 OLD HICKORY TREE RD SAINT CLOUD FL 34772 US		Mailing Address 4975 PARK FOREST LOOP - same as principal place of business KISSIMMEE FL 34746	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 2755 Old Hickory Tree Rd. Suite, Apt. #, etc.	
City & State St. Cloud, FL		4. FEI Number 59-3419385 Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
Zip 34772	Country Osceola	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HERSTICH, JUDY E 2755 OLD HICKORY TREE RD SAINT CLOUD FL 34772		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 _____ (NOTE: Registered Agent signature required when reinstating) 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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSTD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2755 Old Hickory Tree Rd. St. Cloud, FL 34772
NAME	HERSTICH, JUDY E	NAME	
STREET ADDRESS	4975 PARK FOREST LOOP	STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2755 Old Hickory Tree Rd. St. Cloud, FL 34772
NAME	HERSTICH, STEVE	NAME	
STREET ADDRESS	4975 PARK FOREST LOOP	STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Judy E. Herstich* *Judy E. Herstich* **4-14-06**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 407-390-4104