2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

1. Entity Name					Secretary of State	
MAINLY I	MARKETING, INC.				04-24-2006 90367 046 ***150.00	
Principal Plac	e of Business	Mailing Address				
2755 OLD HICKORY TREE RD SAINT CLOUD FL 34772 US		4975 PARK FOREST LO KISSIMMEE FL 34746	oop - Sanne as pri place a	ncipa Fbu	sires IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	
2. Principal Place of Business		3. Mailing Address 11755 014 1	Hickory	Tre	e Rol.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	,		1st MOORE CR2E034 (10/05)	
City & State		St. Cloud	·		4. FEI Number 59-3419385 Applied For Not Applicable	
Zip	Country	34772	Osceo 1	a	5. Certificate of Status Desired See Required Fee Required	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent	
HEDOTICI I IIDV E						
HERSTICH, JUDY E 2755 OLD HICKORY TREE RD SAINT CLOUD FL 34772			Street A	Street Address (P.O. Box Number is Not Acceptable)		
, J, I,I	11 02005 12 04112					
			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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 9. Election Campaign Financing \$5.00 May Be						
Make Check Payable to Florida Department of State				Trust Fund Contribution.		
10.	OFFICERS AND		11.	···	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME	PSTD HERSTICH, JUDY E	☐ Delete	TITLE NAME		155 Old Hickory Tree Rd. L. Cloud, FL 34772	
STREET ADDRESS	4975 PARK/FOREST LOOP	\leftarrow	STREET ADDRESS	127	155 Old Hickory Tree Rd.	
CITY-ST-ZIP	KISSIMMEE FL		CITY-ST-ZIP	5+	Cloud, FL 34772	
TITLE NAME	VPD HERSTICH, STEVE	☐ Delete	TITLE NAME	+ 27	155 Old Hickory Tree Rd.	
STREET ADDRESS	4975 PARK/FOREST LOOP		STREET ADDRESS			
CITY-ST-ZIP	KISSIMMEETL		CITY-ST-ZIP	St	Cloud, FL 34772	
TITLE NAME		☐ Delete	TITLE NAME		Change Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
TITLE		Delete	TITLE	<u> </u>	Change Addition	
NAME		CT Delete	NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME			NAME			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS			
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 local affect as if made under each that I am an officer or director.						
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2. Thereby certify that the information supplied with this lifting does not quality for the exemptions contained in Section 119, Florida Statutes 1 further certify 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

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 407-2009999441041