


2004 FOR PROFIT CORPORATION ANNUAL REPORT

| | |
|---|---|
| DOCUMENT # P97000018207 1. Entity Name DEAL, INCORPORATED |  |
|---|---|

| | |
|--|--|
| Principal Place of Business 6005 BOYNTON HOMESTEAD TALLAHASSEE, FL 32312 | Mailing Address 6005 BOYNTON HOMESTEAD TALLAHASSEE, FL 32312 |
|--|--|

DO NOT WRITE IN THIS SPACE

FILED
CLERK OF STATE
DIVISION OF CORPORATION
04 MAR 23 AM 10:50



3042004 No Chg-P CR2E034 (10/03)

| | |
|---|--|
| 4. FEI Number 59-3431891 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

| |
|---|
| 6. Name and Address of Current Registered Agent MARX, RONALD D 6005 BOYNTON HOMESTEAD TALLAHASSEE, FL 32312 |
|---|

**DO NOT WRITE
IN THIS SPACE**

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, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MARX, RONALD D 6005 BOYNTON HOMESTEAD TALLAHASSEE, FL 32312 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MARX, RHONDA L 6005 BOYNTON HOMESTEAD TALLAHASSEE, FL 32312 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

200030936612
03/23/04--01058--005 **200.00

**DO NOT WRITE
IN THIS SPACE**

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 information.

SIGNATURE: Phondu I. Marx V. Pres. 3-23-04 894-1176
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #