


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000045580**  
1. Entity Name  
**STEPHEN MAROTTA ADVERTISING INC.**



Principal Place of Business      Mailing Address  
2020 W. MCNAB ROAD., STE 108      2020 W. MCNAB ROAD., STE 108  
FORT LAUDERDALE, FL 33309      FORT LAUDERDALE, FL 33309

**DO NOT WRITE IN THIS SPACE**



01092006    No Chg-P    CR2E034 (1/05)

4. FEI Number      Applied For  
**65-0759156**      Not Applicable

5. Certificate of Status Desired        **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
  
MAROTTA, STEPHEN  
2020 W. MCNAB ROAD., STE 108  
FORT LAUDERDALE, FL 33309

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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**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MAROTTA, STEPHEN
STREET ADDRESS	689 DAFFODIL DRIVE
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	D
NAME	MAROTTA, CAROL
STREET ADDRESS	689 DAFFODIL DRIVE
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000391481  
01/24/06-80044-003 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**       **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

1/16/06      954-971-1279      Date      Daytime Phone #