

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000055018 1. Entity Name PRESTIGE MARKETING, INC.					
Principal Place of Business 1597 THE GREENS WAY STE 3 JACKSONVILLE BEACH, FL 32250 US			Mailing Address POST OFFICE BOX 1879 PONTE VEDRA BEACH, FL 32082		
2. Principal Place of Business 5150 PALM VALLEY ROAD		3. Mailing Address Suite, Apt. #, etc. SUITE # 102			
City & State PONTE VEDRA BEACH, FL		City & State PONTE VEDRA BEACH, FL			
Zip 32082		Country USA		Zip 32082	
Country USA		4. FEI Number 59-3453986			
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHEEK, SUSAN 1597 THE GREENS WAY STE 3 JACKSONVILLE BEACH, FL 32250			7. Name and Address of New Registered Agent Name SUSAN CHEEK Street Address (P.O. Box Number is Not Acceptable) 5150 PALM VALLEY ROAD, SUITE # 102 City PONTE VEDRA BEACH FL Zip Code 32082		
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.		SUSAN CHEEK		01-28-2005 DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete CHEEK, JACK T III 1597 THE GREENS WAY STE 3 JACKSONVILLE BEACH, FL 32250		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 5150 PALM VALLEY ROAD, SUITE # 102 PONTE VEDRA BEACH, FL 32082	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete CHEEK, SUSAN 1597 THE GREENS WAY STE 3 JACKSONVILLE BEACH, FL 32250		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 5150 PALM VALLEY ROAD, SUITE # 102 PONTE VEDRA BEACH, FL 32082	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			01-28-2005 904 280-0565 Date Daytime Phone #		