

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED

Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000055018

1. Entity Name

PRESTIGE MARKETING, INC.



Principal Place of Business

5150 PALM VALLEY ROAD
SUITE 102
PONTE VEDRA BEACH, FL 32082 US

Mailing Address

POST OFFICE BOX 1879
PONTE VEDRA BEACH, FL 32082



01032006

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3453986

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHEEK, SUSAN
5150 PALM VALLEY ROAD
SUITE 102
PONTE VEDRA BEACH, FL 32082

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, 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 CHEEK, JACK T III
STREET ADDRESS 5150 PALM VALLEY ROAD, STE 102
CITY - ST - ZIP PONTE VEDRA BEACH, FL 32082

TITLE D
NAME CHEEK, SUSAN
STREET ADDRESS 5150 PALM VALLEY ROAD, STE 102
CITY - ST - ZIP PONTE VEDRA BEACH, FL 32082

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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1100000379087
01/10/06-80007-015 150.00

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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 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

SUSAN CHEEK

1-04-2006

Date

904-280-0565

Daytime Phone #