## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 04, 2005 08:00 AM Secretary of State **DOCUMENT # P98000041557** 1. Entity Name THAT MARKETING COMPANY, INC. Mailing Address Principal Place of Business 2544 STONEVIEW RD. 2544 STONEVIEW RD. ORLANDO, FL 32806 ORLANDO, FL 32806 03242005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3513054 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent THORPE, LINDA M DO NOT WRITE 2544 STONEVIEW RD. ORLANDO, FL 32806 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE 11000000287936 THORPE, LINDA M 04/04/05-80087-024 150.00 NAME 2544 STONEYVIEW RD STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32806 TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME. STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/05

(401)897345