2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2004 08:00 AM Secretary of State

	ANNUAL	KEPURI		, t		, 2004 08:00	
1. Entity Nam	MENT # P98000066 RKETING INTERNATIONAL,			Secr	retary of State	e	
Principal Plac	e of Business	Mailing Address		1			
3455 DORCH	HESTER COURT	3455 DORCHESTER CT					
	E, FL 32312	TALLAHASSEE, FL 32312-130	o us				
			· <u>·</u>				
				03232004	No Chg-P	CR2E034 (10/03)	
DO NOT WRITE IN THIS SPACE			CE	4. FEI Numb 59-352		Applied For Not Applicable	_
					of Status Desired	\$8.75 Additional	_
	6. Name and Address of Current R	egistered Agent		<u>.</u>			-
lite mea	N. 1/						
JUE, DEAN K 3455 DORCHESTER CRT			DO	NOT WF	RITE		
	SSEE, FL 32312			IN "	THIS SPA	ACE.	
				## #			
	named entity submits this statement for	the purpose of changing its register	ed office or register	red agent, or bo	th, in the State of Florio	da. I am familiar with, and accep	-
the obligat	tions of registered agent.						
SIGNATURE.	Signature, typed or printed name of registered agent ar	d the if molicable (ADVE Registers	d Agent signature required	- t when reinetations		DATE	-
	difference share a busines come on advisors of our m	o use a approache. (NOTE, mogistisse	C AGENT SENERGE LECTRIFE	witer remarkatings	<u> </u>	DATE .	-
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	9. Election Campaign Finan Trust Fund Contribution.		.00 May Be led to Fees			
10.	OFFICERS AND E	DIRECTORS	<u> </u>		_ · · ·		=
TITLE	D						
NAME	JUE, DEAN K						
STREET ADDRESS CITY-SI-ZIP	3455 DORCHESTER CT TALLAHASSEE, FL 32312		l				
TITLE	D	<u> </u>	1		1000001	40543	
NAME	KOONTZ, CHRISTINE M				04/29/04-80	40543 0166-017 150.00	
STREET ADDRESS	831 NORTH FOREST DRIVE						
CITY-ST-ZIP	TALLAHASSEE, FL 32303		1				
TITLE							
STREET ADDRESS			1				
CITY-SI-ZIP				DO	NOT WE	RITE	
TITLE			1	INI '	THIS SP	NOE	
NAME	·			FIF	11113 367	HUE	
STREET ADDRESS							
CITY-ST-ZIP			1				
TITLE NAME	<u> </u>						
STREET ACCRESS			1				
CITY-ST-ZIP							_
TITLE			1				

12. I hereby certify that the information supplied with this filling does not quality 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 507, 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: _

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dean K. Jue

4/16/2004

850-644-7358

Daysine Phone #