

152

## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000068275

1. Entity Name  
MARKETING SOLUTION PUBLICATIONS, INC.



Principal Place of Business  
6090 CENTRAL AVENUE  
SAINT PETERSBURG, FL 33707

Mailing Address  
6090 CENTRAL AVENUE  
SAINT PETERSBURG, FL 33707

FILED

07 MAY 11 AM 7:56

CLERK OF STATE  
TALLAHASSEE, FLORIDA



03132007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3585739	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EDWARDS, WILLIAM  
6090 CENTRAL AVE  
SAINT PETERSBURG, FL 33707

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP EDWARDS, WILLIAM 6090 CENTRAL AVE ST PETERSBURG, FL 33707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>AS 5/21</i>
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000103098620  
05/23/07--01019--007 \*\*250.00

DO NOT WRITE  
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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: *William Edwards* 4.30.07 727.347.1930  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #