#### **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

# FILED Apr 18, 2008 8:00 am Secretary of State 04-18-2008 90035 013 \*\*\*150.00

1. Entity Nam	MENT # P98000068 ing solution publica	•		40071	013		
Principal Plac 6090 CENTR SAINT PETER		Mailing Address 6090 CENTRAL AVENUE SAINT PETERSBURG, FL 33707				** ** ** ** ** ** ** ** ** ** ** ** **	
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address					`
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02292008	Chg-P	CR2E034 (12/06	)
City & State		City & State		4. FEI Number 59-35857	<del></del> 39		pplied For lot Applicable
Zip	Country	Zip	Country	5. Certificate of S		□ \$8.75 Ac Fee Requir	lditional
	6. Name and Address of Curren	Registered Agent		7. Name and Ad	dress of New	Registered Agent	
	S, WILLIAM TRAL AVE	Name Street Address	Name Street Address (P.O. Box Number is Not Acceptable)				
SAINT PE	TERSBURG, FL 33707						
			City			FL Zip Co	de
8. The above the obligate	e named entity submits this Safanorm tions of registered agept		its registered office or regist			Florida, I am familiar with	n, and accept
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550	9. Election Cam Trust Fund Co		5.00 May Be dded to Fees			
10. A	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CH	ANGES TO OF	FICERS AND DIRECTO	RS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	DP EDWARDS, WILLIAM 6090 CENTRAL AVE ST PETERSBURG, FL 33707	☐ De <del>l</del> ete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-S1-ZIP		☐ Délète	NAME STREET ADDRESS CUTY-S1-ZIP	,		☐ Change	☐ Addition
TIFLE		□ Delete	TITLE			☐ Change	Addition

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 suppliemental 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 trust elempt wered 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 attackment with an address, with all other like empowered.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CHY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

IIILE

NAME

STREET ADDRESS

STREET ADDRESS

C11Y-ST-ZIP

CITY-ST-ZIP

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

4-15-08

727-347-1920

☐ Addition

□ Change

# FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



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No Name History

# **Detail by FEI Number**

#### Florida Profit Corporation

MARKETING SOLUTION PUBLICATIONS, INC.

#### Filing Information

**Document Number** (\$\text{P98000068275}

**FEI Number** 

593585739

Date Filed

08/05/1998

State

FL

Status

**ACTIVE** 

#### **Principal Address**

6090 CENTRAL AVENUE SAINT PETERSBURG FL 33707

Changed 05/02/2001

# **Mailing Address**

6090 CENTRAL AVENUE SAINT PETERSBURG FL 33707

Changed 05/02/2001

#### Registered Agent Name & Address

EDWARDS, WILLIAM 6090 CENTRAL AVE

SAINT PETERSBURG FL 33707 US

Name Changed: 04/12/2000

Address Changed: 05/02/2001

#### Officer/Director Detail

#### Name & Address

Title DP

EDWARDS, WILLIAM 6090 CENTRAL AVE ST PETERSBURG FL 33707

# **Annual Reports**

Report Year Filed Date 2005 02/08/2005 2006 05/01/2006 2007 05/11/2007

ATTACHMENT 40071814 # P98 000068275

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