

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90076 022 ***150.00

DOCUMENT # P98000074281

1. Entity Name
MARKETING INTO MILLIONS, INC.



Principal Place of Business
**4535 CENTRAL AVE
SAINT PETERSBURG, FL 33713**

Mailing Address
**4535 CENTRAL AVE
SAINT PETERSBURG, FL 33713**

44025479



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03112004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-3533794

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEHR, GREG
4535 CENTRAL AVE
ST. PETERSBURG, FL 33913**

Name
Max Linn

Street Address (P.O. Box Number is Not Acceptable)
4535 Central Avenue

City
St. Petersburg

FL

Zip Code
33713

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

MAX LINN

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

03-16-04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PT
LINN, MAX P
7228 3RD AVENUE S.
ST. PETERSBURG, FL 30707**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PVTS
LINN, MAX P.
4535 CENTRAL AVE.
ST. PETERSBURG, FL 33713**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPS
LINN, PATRICIA
7228 3RD AVE S
SAINT PETERSBURG, FL 33707**

☒ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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: **MAX P. LINN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MAX P. LINN 03-16-04 727-322-6400