

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2005 8:00 am
Secretary of State

07-25-2005 90107 004 ***550.00



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**

2. Principal Place of Business
**Marketing Into Millions, Inc.
1135 So. Pasadena Avenue
Suite 107
South Pasadena, FL 33707**

3. Mailing Address
**Marketing Into Millions, Inc.
1135 So. Pasadena Avenue
Suite 107
South Pasadena, FL 33707**



07112005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3533794

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LINN, MAX
4535 CENTRAL AVE
SAINT PETERSBURG, FL 33713**

7. Name and Address of New Registered Agent

Name **Max Linn**
Street **1135 So. Pasadena Ave., # 107** (table)
So. Pasadena, FL 33707
City **FL** Zip Code

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 _____

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME **Max Linn**
STREET ADDRESS **1135 So. Pasadena Ave., # 107**
CITY-ST-ZIP **So. Pasadena, FL 33707**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Linn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-22-05 727-347-9170
Date Daytime Phone #