2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000091335

FILED Apr 05, 2004 8:00 am Secretary of State

04-05-2004 90004 010 ***150.00

1. Entity Name	S & MARKETING CONS						
Principal Place	Principal Place of Business M				5402589		
4152 PROCT		P 0 B0X 20969			0402003		
SARASOTA, F	L 34233	SARASOTA, FL 3	4276				
2 Principal Pl	ace of Business	3. Mailing Address					
a. Thirtipal Flace of Business		o. Maining Address			1 100310061 1/10 140101 10011 3001/1 00111 00111 001110 10107 11004 16400 11101 05710061 IT 1006		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01062004 Chg-P CR2E034 (10/03)		
City & State)	City & State	City & State		4. FEI Number Applied For 65-0882794 Not Applied		
Zip	Country	Zip	Zip Country		5. Certificate of Status Desired S8.75 Additional Fee Required		
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
DATRICK*	CADITE:E00 "			Name			
6823 OLD	CARL'E'ESQ. THE RANCH RD			Street Ad	Address (P.O. Box Number is Not Acceptable)		
SARASOT	A, FL 34241						
				City	FL Zip Code		
	named entity submits this statemen ons of registered agent.	for the purpose of chang	ing its registe	red office or	or registered agent, or both, in the State of Florida. I am familiar with, and acc		
SIGNATURE_	Signature, typed or printed name of registered ag	ont and title if applicable	/MOTE: Passister	and Amont cinnatur	sture required when reinstating) DATE		
	Signature, typed or printed traine or registered ag	эті ало шів і аррісаців.	(NOTE, Register	en våeut siåustni	Inneradured with rangianily) DVIE		
	E NOW!!! FEE IS \$150.00 by 1, 2004 Fee will be \$55		ampaign Fina d Contribution		\$5.00 May Be Added to Fees		
10.	OFFICERS AT	ID DIRECTORS	11		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	☐ Delete TI		PD Change Add		
NAME	PLUMMER, ROBERT D		NAI	ME	PLUMMER, KOBERT D.		
STREET ADDRESS CITY-ST-ZIP	4152 PROCTOR RD SARASOTA, FL 34241			REET ADDRESS Y-ST-ZIP	PLUMMER, Robert D. 4152 PROCTOR R.D. SARASOTA FL 34233		
TITLE	with the state of	☐ Delete			Change Add		
NAME		Delete	NAJ	[
STREET ADDRESS			STF	REET ADDRESS			

CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP-CITY-ST-ZIP ☐ Addition ☐ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-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 propowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR