


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90010 014 ***150.00

DOCUMENT # P99000025102
 1. Entity Name
M M K MARKETING, INC.



Principal Place of Business Mailing Address
 3751 S. SCHOOL AVE 30 3751 S. SCHOOL AVE 30
 SARASOTA FL 34239 SARASOTA FL 34239

44023281



MOORE CR2E034 (11/03)

2. Principal Place of Business 3. Mailing Address
3601 NARANJA WAY **3601 NARANJA WAY**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
SARASOTA, FL **SARASOTA, FL**
 Zip Country Zip Country
34232 **USA** **34232** **USA**

4. FEI Number Applied For
59-3660640 Not Applicable

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

6. Name and Address of Current Registered Agent
MYERS, SHARON M
2741 HOPE STREET
SARASOTA FL 34231

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
3601 NARANJA WAY
 City State Zip Code
SARASOTA **FL** **34232**

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
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MYERS, SHARON M	
STREET ADDRESS	2741 HOPE ST.	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	S	<input type="checkbox"/> Delete
NAME	MORGAN, DAN	
STREET ADDRESS	3751 S. SCHOOL AVENUE #30	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MORGAN, MARCEY	
STREET ADDRESS	3048 ROSE ST.	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	T	<input type="checkbox"/> Delete
NAME	MORGAN, DAN	
STREET ADDRESS	3751 S. SCHOOL AVE 30	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3601 NARANJA WAY	
CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3601 NARANJA WAY	
CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Dan Morgan 3-29-04 (941) 720-5752
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #