## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Secretary of State **DOCUMENT # P99000094068** 03-31-2004 90021 011 \*\*\*158 75 1. Entity Name NORTH SHORE MARKETING, INC. Principal Place of Business Mailing Address 44023090 2829 BELLWOOD DRIVE PO BOX 658 BRANDON, FL 33511 BRANDON, FL 33509 3. Mailing Address 2. Principal Place of Business 2824 W. NORTH PO BOX Suite, Apt. #, etc. Suite, Apt. #, etc. 03292004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For RANDON, FL TAMPA 59-3243114 Not Applicable Country \$8.75 Additional 33509 5. Certificate of Status Desired 33609 U.S.A u.s.A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LEVY, NESE M Street Address (P.O. Box Number is Not Acceptable) 2829 BELLWOOD DRIVE BRANDON, FL 33511 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **PSTD** TITLE Delete TITLE ☐ Change Addition LEVY, NESE M NAME 2829 BELLWOOD DRIVE STREET AODRESS STREET ADDRESS BRANDON, FL 33511 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SY-7IP CITY-ST-7IP ☐ Delétè ☐ Change ~ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

FILED

Mar 31, 2004 8:00 am