

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

FILED

Mar 23, 2004 08:00 AM  
Secretary of State

DOCUMENT # P99000104234

1. Entity Name  
M.D. MARKETING, INC.



Principal Place of Business

3180 NE 48TH COURT BLDG. 4# 113  
LIGHTHOUSE POINT, FL 33064

Mailing Address

3180 NE 48TH COURT BLDG. 4# 113  
LIGHTHOUSE POINT, FL 33064



03092004

No Chg-P

CR2E034 (10/03)

4. FEI Number  
65-0963251

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DULISSE, MICHAEL  
3180 NE 48TH COURT BLDG. 4# 113  
LIGHTHOUSE POINT, FL 33064

DO NOT WRITE  
IN THIS SPACE

9. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

000000094651  
03/23/04-80005-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DULISSE, MICHAEL
STREET ADDRESS	3180 NE 48TH COURT BLDG. 4# 113
CITY-ST-ZIP	LIGHTHOUSE POINT, FL 33064
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE  
IN THIS SPACE

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

Date

Daytime Phone #