

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90039 001 \*\*\*150.00

**DOCUMENT # S15680**

1. Entity Name

**GLOBAL MARKETING & MANAGEMENT SERVICES, INC.**

*MANAGEMENT*



Principal Place of Business

**7 INDIAN RIVER AVE  
APT 1204**

**TITUSVILLE, FL 32796 US**

Mailing Address

**7 INDIAN RIVER AVE  
APT 1204**

**TITUSVILLE, FL 32796 US**



04102008 No Chg-P CR2E034 (11/05)

4. FEI Number

**59-3037570**

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

**VAN ENGELENBURG, WILLIAM  
7 INDIAN RIVER AVE  
APT 1204  
TITUSVILLE, FL 32796**

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*10 APRIL 08*

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME VAN ENGELENBURG, WILLIAM  
STREET ADDRESS 7 INDIAN RIVER AVE APT 1204  
CITY-ST-ZIP TITUSVILLE, FL 32796

TITLE SD  
NAME VAN ENGELENBURG, ELTJE  
STREET ADDRESS 7 INDIAN RIVER AVE APT 1204  
CITY-ST-ZIP TITUSVILLE, FL 32796

TITLE VD  
NAME VAN ENGELENBURG, WILLIAM IV  
STREET ADDRESS 7 INDIAN RIVER AVE APT 1204  
CITY-ST-ZIP KENT, WA 98042

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 exemptions contained in Chapter 119, 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-10-08*  
Date

*321-268-5913*  
Daytime Phone #