



2005 FOR PROFIT CORPORATION ANNUAL REPORT

7/5/2005-90225-008-\$150.00-\$150.00

FILED

05 JUL 25 PM 12: 54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V67987			
1. Entity Name BRISTOL MARKETING ASSOCIATES, INC.			
Principal Place of Business 7422 N. TAMIAMI TRAIL SARASOTA, FL 34243		Mailing Address 7422 N. TAMIAMI TRAIL SARASOTA, FL 34243	
2. Principal Place of Business 8051 N. Tamiami Tr		3. Mailing Address	
Suite, Apt. #, etc. Suite # B2		Suite, Apt. #, etc.	
City & State Sarasota FL		City & State	
Zip 34243-2016	Country	Zip	Country
4. FEI Number 65-0361297		Applied For Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GENSMER, TIM 2831 RINGLING BLVD SUITE 202A SARASOTA, FL 34237		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		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 _____ DATE _____			
<div style="border: 1px solid black; border-radius: 50%; padding: 5px; display: inline-block;"> FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 </div>			
9. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCHMOYER, LEONARD T 770 INDIAN BCH CIR SARASOTA, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: 		7/1/05 941-365-1655	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	