

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000097626

**Entity Name:** MEGA BUCKS MARKETING, INC.

**FILED**  
**Jan 12, 2021**  
**Secretary of State**  
**3224735652CC**

**Current Principal Place of Business:**

11650 OLIO ROAD  
SUITE 1000-329  
FISHERS, IN 46037

**Current Mailing Address:**

11650 OLIO ROAD  
SUITE 1000-329  
FISHERS, IN 46037 US

**FEI Number:** 20-5283406

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

INCorp SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title DR  
Name HERSHBERGER, NINA  
Address 11650 OLIO ROAD  
SUITE 1000-329  
City-State-Zip: FISHERS IN 46037

Title DR  
Name HERSHBERGER, NINA  
Address 11650 OLIO ROAD  
SUITE 1000-329  
City-State-Zip: FISHERS IN 46037

Title P  
Name HERSHBERGER, NINA  
Address 11650 OLIO ROAD  
SUITE 1000-329  
City-State-Zip: FISHERS IN 46037

Title SEC  
Name HERSHBERGER, NINA  
Address 11650 OLIO ROAD  
SUITE 1000-329  
City-State-Zip: FISHERS IN 46037

Title TR  
Name HERSHBERGER, NINA  
Address 11650 OLIO ROAD  
SUITE 1000-329  
City-State-Zip: FISHERS IN 46037

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** NINA HERSHBERGER

**DIRECTOR**

**01/12/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date