

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000016223

FILED  
Apr 20, 2009  
Secretary of State

Entity Name: ADMIRAL ASSOCIATES, INC.

## Current Principal Place of Business:

UPS STORE TRADITIONS  
10380 SW VILLAGE CENTER DRIVE  
PORT SAINT LUCIE, FL 34987

## New Principal Place of Business:

UPS STORE  
10380 SW VILLAGE CENTER DRIVE  
PORT SAINT LUCIE, FL 34987

## Current Mailing Address:

P.O. BOX 2423  
PALM CITY, FL 34991

## New Mailing Address:

UPS STORE  
10380 SW VILLAGE CENTER DRIVE  
PORT SAINT LUCIE, FL 34987

FEI Number: 20-4178353

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GUTTONS, DOUGLAS J  
UPS STORE TRADITIONS  
10380 SW VILLAGE CTR DR  
PORT SAINT LUCIE, FL 34987 US

## Name and Address of New Registered Agent:

GOTTUNG, DOUGLAS J  
UPS STORE TRADITIONS  
10380 SW VILLAGE CTR DR  
PORT SAINT LUCIE, FL 34987 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: DOUGLAS GOTTUNG

04/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: MAGNO, RAYMOND G  
Address: P.O. BOX 2423  
City-St-Zip: PALM CITY, FL 33993

Title: T ( ) Delete  
Name: BARNES, ELIZABETH M  
Address: 1105 N. STUART ST.  
City-St-Zip: ARLINGTON, VA 22201

Title: S ( ) Delete  
Name: MAGNO, JENNIFER  
Address: 6295 BADGER DRIVE  
City-St-Zip: LOCKPORT, NY 14094

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: MAGNO, RAYMOND G  
Address: 10380 SW VILLAGE CENTER DRIVE  
City-St-Zip: PORT SAINT LUCIE, FL 34987

Title: T (X) Change ( ) Addition  
Name: BARNES, ELIZABETH M  
Address: 10380 SW VILLAGE CENTER DRIVE  
City-St-Zip: PORT SAINT LUCIE, FL 34987

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DOUGLAS GOTTUNG

RA

04/20/2009

Electronic Signature of Signing Officer or Director

Date