

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 28, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F03000003917**

1. Entity Name

FALCON MARKETING, INC.



Principal Place of Business

7549 JOMEL DRIVE  
WEEKI WACHEE FL 34607-2018

Mailing Address

7549 JOMEL DRIVE  
WEEKI WACHEE FL 34607-2018

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number

36-3956467

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FALCO, SAM  
7549 JOMEL DRIVE  
WEEKI WACHEE FL 34607

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

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, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT  
NAME FALCO, SAM  
STREET ADDRESS 7549 JOMEL DRIVE  
CITY - ST - ZIP WEEKI WACHEE FL 34607-2018 ☐ Delete

TITLE NAME  
NAME NAME  
STREET ADDRESS 100000 245980  
CITY - ST - ZIP 02/28/05-80048-000 150.00 ☐ Change ☐ Addition

TITLE VS  
NAME FALCO, SHERYL  
STREET ADDRESS 7549 JOMEL DRIVE  
CITY - ST - ZIP WEEKI WACHEE FL 34607-2018 ☐ Delete

TITLE NAME  
NAME NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE NAME  
NAME NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE NAME  
NAME NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE NAME  
NAME NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE NAME  
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CITY - ST - ZIP ☐ Change ☐ Addition

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CITY - ST - ZIP ☐ Change ☐ Addition

TITLE NAME  
NAME NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE NAME  
NAME NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

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:

*Sam Falco* Sheryl Falco  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/05 (352)597-9777  
Date Daytime Phone #