

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003917

Entity Name: FALCON MARKETING, INC.

FILED  
Apr 28, 2008  
Secretary of State

## Current Principal Place of Business:

7549 JOMEL DRIVE  
WEEKI WACHEE, FL 346072018

## New Principal Place of Business:

## Current Mailing Address:

7549 JOMEL DRIVE  
WEEKI WACHEE, FL 346072018

## New Mailing Address:

FEI Number: 36-3956467

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FALCO, SAM  
7549 JOMEL DRIVE  
WEEKI WACHEE, FL 34607 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PT ( ) Delete  
Name: FALCO, SAM  
Address: 7549 JOMEL DRIVE  
City-St-Zip: WEEKI WACHEE, FL 346072018

Title: VS ( ) Delete  
Name: FALCO, SHERYL  
Address: 7549 JOMEL DRIVE  
City-St-Zip: WEEKI WACHEE, FL 346072018

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: SAM FALCO

PRES

04/28/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date