2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # H44334  1. Entity Name							Jan 28, 2004 08:00 AM Secretary of State				
ADMARK SIGNS AND GRAPHICS, INCORPORATED											
Principal Place of Business			Mailing Address								
316A GOODLAND ST ORLANDO FL 32811 US		316A GOODLAND ST ORLANDO FL 32811 US					*	::::::::::::::::::::::::::::::::::::::	::=:: =	((##) () (##)	
2. Principal Place of Business			3. Mailing Address								
Suite, Apt #, etc			Suite, Apt. #, etc.				MOORE _ (	CR2E034	(11/03)		
City & State			City & State			<b>4.</b> F	El Number 59-2499503			plied For t Applicable	
Zıp	Country		Zip Cou		try	5. Certificate of Status Desired Security Securi					
Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name						
COONEY, RICHARD PATRICK 2180 TURKEY RUN					Street Address (	P.O. Bo	ox Number is Not Acceptable)	}			
WINTER PARK FL 32789											
				City			FL	Zip Code	9		
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 agont and trilled applicable (NOTE Registered Agent signature required when reinstating) DATE											
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State							Election Campaign Fina Trust Fund Contribution			O May Be to Fees	
10. OFFICERS AND I			DIRECTORS 11.			ADO	DITIONS/CHANGES TO OFFIC	CERS AND	DIRECTORS	5 IN 11	
TITLE	SD	<del></del>	Delete	BIL					☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	COONEY, RICHARD PATRICK 2180 TURKEY RUN WINTER PARK FL			1	E Et address - St-zip		01/29/04-80	9274 016-01	!7 1 <b>50.</b> (	) )	
TITLE	PD		☐ Delete	BIL					Change	☐ Addition	
NAME	HUFFMAN, PATRICIA ANN			MASS	- ;						
STREET ADDRESS CITY-ST-ZIP	766 ASHLEY LANE ORLANDO FL			1	ET ADDRESS -ST-ZIP						
TITLE	VD		☐ Delete	TITLE					Change	☐ Addition	
NAME	HUFFMAN, WILLIAM JOSEPH			≃ NAM	}	<b>.</b> .	<u> </u>	<del>-</del>			
STREET ADDRESS	766 ASHLEY LANE				ET ADDRESS						
CATY - ST~ZAP	ORLANDO FL VD			_	-\$7-ZIP				G *****		
TETLE NAME	HUFFMAN, MICHAEL THOMAS		☐ Delete	NAM	i				Change	Addition	
STREET ADDRESS	640 B MCDUFF LANE			•	ET ADDRESS						
CITY-ST-ZIP	WINTER SPRINGS FL 32708			CITY	-ST-ZIP						
TRILE	COONEY BATRICIA GAII		☐ Delete	RILI	{				Change	Addition	
NAME STREET ADDRESS	COONEY, PATRICIA GAIL 2180 TURKEY RUN			NAM STRE	E ET ADDRESS						
CRY-ST-ZIP	WINTER PARK FL				-SI-ZIP						
TITLE	VD		☐ Delete	TATLE					Change	noifibbA 🔲	
NAME	HUFFMAN, WILLIAM CRONE			NAM					-		
STREET ADDRESS CITY-ST-ZIP	766 ASHLEY LN ORLANDO FL			•	ET ADDRESS -ST-ZIP						
	<u> </u>	thie filina	does not avalify for			otion 1	19 07/3\(ii) Florida Pratutos 1	further con	tifu that the is	formation	
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.											

**FILED** 

SIGNATURE: Oatrice a. Huffman Patricia A. Huffman 1-23-04 407-9-91-8947

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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