


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005 8:00 am
Secretary of State

01-12-2005 90004 041 ***150.00

DOCUMENT # H44334 1. Entity Name ADMARK SIGNS AND GRAPHICS, INCORPORATED					
Principal Place of Business 316A GOODLAND ST ORLANDO, FL 32811 US				Mailing Address 316A GOODLAND ST ORLANDO, FL 32811 US	
2. Principal Place of Business 1924 BRENGLE AVE.		3. Mailing Address 1924 BRENGLE AVE.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State ORLANDO, FLORIDA		City & State ORLANDO, FLORIDA		4. FEI Number 59-2499503	
Zip 32808		Country US		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent COONEY, RICHARD PATRICK 2180 TURKEY RUN WINTER PARK, FL 32789			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COONEY, RICHARD PATRICK 2180 TURKEY RUN WINTER PARK, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUFFMAN, PATRICIA ANN 766 ASHLEY LANE ORLANDO, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HUFFMAN, WILLIAM JOSEPH 766 ASHLEY LANE ORLANDO, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HUFFMAN, MICHAEL THOMAS 640 B MCDUFF LANE WINTER SPRINGS, FL 32708	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COONEY, PATRICIA GAIL 2180 TURKEY RUN WINTER PARK, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HUFFMAN, WILLIAM CRONE 766 ASHLEY LN ORLANDO, FL	<input type="checkbox"/> Delete			
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: <i>Patricia A. Huffman</i> PATRICIA A. HUFFMAN 1-10-05 407-291-8947 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					