

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2007 8:00 am**  
**Secretary of State**

03-08-2007 90022 031 \*\*\*150.00

**DOCUMENT # H44334**

1. Entity Name  
**ADMARK SIGNS AND GRAPHICS, INCORPORATED**



Principal Place of Business

**1924 BREngle AVE  
ORLANDO, FL 32808 US**

Mailing Address

**1924 BREngle AVE  
ORLANDO, FL 32808 US**

**DO NOT WRITE IN THIS SPACE**



02262007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-2499503**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**COONEY, RICHARD PATRICK  
2180 TURKEY RUN  
WINTER PARK, FL 32789**

**DO NOT WRITE  
IN THIS SPACE**

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 reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COONEY, RICHARD PATRICK 2180 TURKEY RUN WINTER PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUFFMAN, PATRICIA ANN 766 ASHLEY LANE ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HUFFMAN, WILLIAM JOSEPH 766 ASHLEY LANE ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HUFFMAN, MICHAEL THOMAS <i>157 CROWN COLONY WAY SANFORD, FL 32791</i> 640 B-MGDUFF LANE WINTER SPRINGS, FL 32708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COONEY, PATRICIA GAIL 2180 TURKEY RUN WINTER PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HUFFMAN, WILLIAM CRONE 766 ASHLEY LN ORLANDO, FL

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** *Patricia Ann Huffman* **PATRICIA ANN HUFFMAN** **2-27-07** **407-291-8947**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #