

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2008 08:00 AM
Secretary of State

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**



01252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2499503	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**

**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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	COONEY, RICHARD PATRICK
STREET ADDRESS	2180 TURKEY RUN
CITY-ST-ZIP	WINTER PARK, FL
TITLE	PD
NAME	HUFFMAN, PATRICIA ANN
STREET ADDRESS	766 ASHLEY LANE
CITY-ST-ZIP	ORLANDO, FL
TITLE	VD
NAME	HUFFMAN, WILLIAM JOSEPH
STREET ADDRESS	766 ASHLEY LANE
CITY-ST-ZIP	ORLANDO, FL
TITLE	VD
NAME	HUFFMAN, MICHAEL THOMAS
STREET ADDRESS	157 CROWN COLONY WAY
CITY-ST-ZIP	SANFORD, FL 32771
TITLE	TD
NAME	COONEY, PATRICIA GAIL
STREET ADDRESS	2180 TURKEY RUN
CITY-ST-ZIP	WINTER PARK, FL
TITLE	VD
NAME	HUFFMAN, WILLIAM CRONE
STREET ADDRESS	766 ASHLEY LN
CITY-ST-ZIP	ORLANDO, FL

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02/12/08-80005-019 150.00

**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 1-28-08 407-291-8947**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #