



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 08:00 AM
Secretary of State

DOCUMENT # L24810 1. Entity Name A. H. DIRECT MARKETING, INC.	
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Principal Place of Business 8499 S TAMiami TrL STE 263 SARASOTA, FL 34238 US	Mailing Address 8499 S TAMiami TrL STE 263 SARASOTA, FL 34238 US
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DO NOT WRITE IN THIS SPACE

	
01242005	No Chg-P CR2E034 (10/03)
4. FEI Number 59-3006232	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JONES, MARTIN S 7746 66TH ST N PINELLAS PARK, FL 33281	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reconstituting) _____ DATE _____


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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	DP HALLOCK, ANTHONY 4279 BALMORAL WAY SARASOTA, FL 34238
TITLE NAME STREET ADDRESS CITY ST ZIP	DST COOK-HALLOCK, SUSAN 4279 BALMORAL WAY SARASOTA, FL 34238
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02/24/05-80045-025 150.00

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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:  ANTHONY HALLOCK 2-22-05 941-966-9886

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____