


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90433 003 ***150.00

DOCUMENT # P00000021753		
1. Entity Name ANDALL MARKETING, INC.		

Principal Place of Business 5639 RIBBON ROSE DRIVE JACKSONVILLE, FL 32258	Mailing Address 5639 RIBBON ROSE DRIVE JACKSONVILLE, FL 32258
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2. Principal Place of Business 9233 WATERGLEN LN	3. Mailing Address 9233 WATERGLEN LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State JACKSONVILLE FL	City & State JACKSONVILLE FL
Zip 32256	Zip 32256
Country USA	Country USA

04202006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3630164	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SIEGEL, RONA L 5639 RIBBON ROSE DRIVE JACKSONVILLE, FL 32258	7. Name and Address of New Registered Agent Name SIEGEL, RONA L Street Address (P.O. Box Number is Not Acceptable) 9233 WATERGLEN LANE City JACKSONVILLE FL Zip Code 32256
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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 Rona L. Siegel <small>Signature, typed or printed name of registered agent and title if applicable.</small>	Rona L. Siegel <small>(NOTE: Registered Agent signature required when reinstating)</small>
	DATE 4-21-06

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIEGEL, RONA L 5639 RIBBON ROSE DRIVE JACKSONVILLE, FL 32258 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P - D SIEGEL, RONA L 9233 WATERGLEN LANE JACKSONVILLE FL 32256 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Rona L. Siegel <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	RONA L. SIEGEL <small>Date</small> 4/21/06 <small>Daytime Phone #</small>