


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-24-2006 90433 003 ***150.00

DOCUMENT # P0000021753

1. Entity Name
ANDALL MARKETING, INC.



Principal Place of Business Mailing Address

5639 RIBBON ROSE DRIVE **5639 RIBBON ROSE DRIVE**
JACKSONVILLE, FL 32258 **JACKSONVILLE, FL 32258**

2. Principal Place of Business 3. Mailing Address

9233 WATERGLEN LN **9233 WATERGLEN LANE**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

JACKSONVILLE FL **JACKSONVILLE FL**

Zip Country Zip Country

32256 **USA** **32256** **USA**

40060744



04202006 Chg-P CR2E034 (11/05)

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 State Zip Code

JACKSONVILLE **FL** **32256**

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** **Rona L. Siegel** **4-21-06**

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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	SIEGEL, RONA L
STREET ADDRESS	5639 RIBBON ROSE DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32258
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P-D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIEGEL, RONA L
STREET ADDRESS	9233 WATERGLEN LANE
CITY-ST-ZIP	JACKSONVILLE FL 32256
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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** **RONA L. SIEGEL** **4/21/06**

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