


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 03, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P0000021753**

1. Entity Name  
**ANDALL MARKETING, INC.**



Principal Place of Business      Mailing Address  
**9233 WATERGLEN LN**      **9233 WATERGLEN LN**  
**JACKSONVILLE FL 32256**      **JACKSONVILLE FL 32256**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

State, Apt. #, etc.      State, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

1st MOORE      CR2E034 (10/07)

4. FEI Number      Applied For  
**59-3630164**      Not Applicable

6. Name and Address of Current Registered Agent

**SIEGEL, RONA L**  
**9233 WATERGLEN LN**  
**JACKSONVILLE FL 32256**

5. Certificate of Status Desired      \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when registering)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	PD	Delete
NAME	SIEGEL, RONA L	<input type="checkbox"/>
STREET ADDRESS	9233 WATERGLEN LN	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Change	Addition
NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/>	<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/>	<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/>	<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

U00000878738  
04/14/08-80067-013 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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      4-1-08      904-363-0217

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