


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 08, 2005 8:00 am**  
**Secretary of State**

03-08-2005 90181 011 \*\*\*158.75

**DOCUMENT # P04000042050**  
1. Entity Name  
**UNCLE SAM FLAG & BANNER, INC.**



Principal Place of Business  
**808 SE FORT KING STREET  
OCALA, FL 34471**

Mailing Address  
**808 SE FORT KING STREET  
OCALA, FL 34471**

**50023589**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
**107 NE 1ST AVE**  
Suite, Apt. #, etc.



01112005 Chg-P CR2E034 (10/03)

City & State  
**OCALA FL**

4. FEI Number  
**20-1040994**

Applied For  
 Not Applicable

Zip  
**34470**

Country

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

6. Name and Address of Current Registered Agent  
**HALDIN, WILLIAM C JR.  
808 SE FORT KING STREET  
OCALA, FL 34471**

7. Name and Address of New Registered Agent  
Name  
**MARK K. WORMSER**  
Street Address (P.O. Box Number is Not Acceptable)  
**6709 SW 17TH TERR RD**  
City **OCALA** FL Zip Code **34476**

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 reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>MARK K. WORMSER</b>
STREET ADDRESS		STREET ADDRESS	<b>6709 SW 17TH TERR RD</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>OCALA FL 34476</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:**  **MARK K. WORMSER 1/11/05 (352) 629-4455**

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