

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000042050

**FILED**  
**Feb 18, 2009**  
**Secretary of State**

**Entity Name:** UNCLE SAM FLAG & BANNER, INC.

**Current Principal Place of Business:**

808 SE FORT KING STREET  
OCALA, FL 34471

**New Principal Place of Business:**

1302 SW 42 AVENUE  
OCALA, FL 34474

**Current Mailing Address:**

107 NE 1ST AVE  
OCALA, FL 34470

**New Mailing Address:**

PO BOX 772812  
OCALA, FL 34477

FEI Number: 20-1040994

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

WORMSER, MARK K  
6709 SW 17TH TERR RD  
OCALA, FL 34476 US

**Name and Address of New Registered Agent:**

WORMSER, MARK K  
1302 SW 42 AVENUE  
OCALA, FL 34474 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

02/18/2009

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WORMSER, MARK K  
Address: 6709 SW 17TH TERR RD  
City-St-Zip: Ocala, FL 34476

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK K. WORMSER

Electronic Signature of Signing Officer or Director

P

02/18/2009

Date