

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000037356

Entity Name: ANNEX MARKETING, INC.

FILED
Feb 16, 2009
Secretary of State

Current Principal Place of Business:

2002 N LOIS AVE, SUITE 610
TAMPA, FL 33609 US

New Principal Place of Business:

2002 N LOIS AVE
SUITE 650
TAMPA, FL 33607 US

Current Mailing Address:

2002 N LOIS AVE, SUITE 610
TAMPA, FL 33609 US

New Mailing Address:

2002 N LOIS AVE
SUITE 650
TAMPA, FL 33607 US

FEI Number: 20-8850361

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASTANEDA, VANESSA
500 NORTH WESTSHORE BLVD
SUITE 540
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

CASTANEDA, VANESSA
2002 N LOIS AVE
SUITE 650
TAMPA, FL 33607 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:

02/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P,D () Delete
Name: CASTANEDA, VANESSA
Address: 500 NORTH WESTSHORE BLVD SUITE 540
City-St-Zip: TAMPA, FL 33609 US

Title: VP,T () Delete
Name: CASTANEDA, VANESSA
Address: 500 NORTH WESTSHORE BLVD SUITE 540
City-St-Zip: TAMPA, FL 33609 US

Title: S () Delete
Name: CASTANEDA, VANESSA
Address: 500 NORTH WESTSHORE BLVD SUITE 540
City-St-Zip: TAMPA, FL 33609 FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,D (X) Change () Addition
Name: CASTANEDA, VANESSA
Address: 2002 N LOIS AVE, SUITE 650
City-St-Zip: TAMPA, FL 33607 US

Title: VP,T (X) Change () Addition
Name: CASTANEDA, VANESSA
Address: 2002 N LOIS AVE, SUITE 650
City-St-Zip: TAMPA, FL 33607 US

Title: S (X) Change () Addition
Name: CASTANEDA, VANESSA
Address: 2002 N LOIS AVE, SUITE 650
City-St-Zip: TAMPA, FL 33607 FL

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: VANESSA CASTANADA

PD

02/16/2009

Electronic Signature of Signing Officer or Director

Date