

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000063170

1. Entity Name

NATIONAL ASSOCIATION MARKETERS, INC.



Principal Place of Business

152 NORTH COVE DRIVE
PONTE VEDRA BEACH FL 32082

Mailing Address

P.O. BOX 2905
PONTE VEDRA BEACH FL 32004-2905

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3332360

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALSH, WILLIAM F
1173 SALT MARSH CIR.
PONTE VEDRA BEACH FL 32082

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

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, 2005 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT ☐ Delete
NAME WALSH, WILLIAM F
STREET ADDRESS 1173 SALT MARSH CIRCLE
CITY- ST- ZIP PONTE VEDRA BEACH FL 32082

TITLE VD ☐ Delete
NAME WALSH, WINIFRED M
STREET ADDRESS 1173 SALT MARSH CIRCLE
CITY- ST- ZIP PONTE VEDRA BEACH FL 32082

TITLE S ☐ Delete
NAME WALSH, BRIANA K
STREET ADDRESS 1173 SALT MARSH CIRCLE
CITY- ST- ZIP PONTE VEDRA BCH FL 32082

TITLE D ☐ Delete
NAME WALSH, JENNIFER M
STREET ADDRESS 1173 SALT MARSH CIRCLE
CITY- ST- ZIP PONTE VERDA BCH FL 32082

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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)(f), 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:

William F. Walsh - WILLIAM F. WALSH

Date

4/13/05 (904) 543-9002

Daytime Phone #