

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2005 8:00 am
Secretary of State

03-22-2005 90016 046 ***158.75

DOCUMENT # P96000101193

1. Entity Name
NAPCO MARKETING CORP.



Principal Place of Business
**7800 BAYBERRY ROAD
JACKSONVILLE, FL 32256**

Mailing Address
**7800 BAYBERRY ROAD
JACKSONVILLE, FL 32256**

20023905



2. Principal Place of Business

3. Mailing Address

03152005 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3417966

Applied For
Not Applicable

Zip Country

Zip Country

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

**TRICK, THOMAS
7800 BAYBERRY ROAD
JACKSONVILLE, FL 32256**

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 _____
(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 **PD** ☐ Delete
NAME **BAILYS, DAVID**
STREET ADDRESS **7800 BAYBERRY ROAD**
CITY-ST-ZIP **JACKSONVILLE, FL 32256**

TITLE **V** ☐ Change ☒ Addition
NAME **REIN, DAVID**
STREET ADDRESS **7800 BAYBERRY ROAD**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE **VSD** ☐ Delete
NAME **FULLERTON, ROBERT**
STREET ADDRESS **7800 BAYBERRY ROAD**
CITY-ST-ZIP **JACKSONVILLE, FL 32256**

TITLE **V** ☐ Change ☒ Addition
NAME **BAILYS, FRED**
STREET ADDRESS **7800 BAYBERRY**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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TITLE ☐ Change ☐ Addition
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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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/05 904-737 8500

Date Daytime Phone #