2005 FOR PROFIT CORPORATION ANNUAL REPORT

May 02, 2005 8:00 am Secretary of State **DOCUMENT # P97000107532** 05-02-2005 90977 039 ***150.00 FLANNERY MARKETING, INC. Principal Place of Business Mailing Address 12306 EVERARD DRIVE 12306 EVERALD DR SPRING HILL, FL 34609 SPRING HILL, FL 34609 3. Mailing Address 2. Principal Place of Business 12306 Everard Drive Suite, Apt. #, etc. Suite, Apt. #, etc. 04252005 CR2E034 (10/03) City & State Applied For City & State 4. FEI Number 59-3482349 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FLANNERY, PATRICK Street Address (P.O. Box Number is Not Acceptable) 12306 Everard Drive 660 ATWOOD AVENUE, NORTH ST, PETERSBURG, FL 33702-6712 Zip Code 34609 City Spring Hill 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) igent and little if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PD Addition ☐ Delete TITLE ☐ Change TITLE FLANNERY, PATRICK NAME MAME 12306 EVERARD DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP SPRING HILL, FL 34609 ☐ Detete ☐ Change ☐ Addition TITLE TITLE NAME FLANNERY, DEBRA TRUAX NAME 12306 EVERARD DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SPRING HILL, FL 34609 ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP 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 leport 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 trostee supplemental leport 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 trostee supplemental legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trostee supplemental legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trostee supplemental legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trostee supplemental legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trostee supplemental legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trostee supplemental legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trostee supplemental legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trostee supplemental legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trostee supplemental legal effect as if the corporation of the corporation o

and

OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE:

FILED