


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000107532	
1. Entity Name FLANNERY MARKETING, INC.	

Principal Place of Business 12306 EVERARD DRIVE SPRING HILL, FL 34609	Mailing Address 12306 EVERARD DR SPRING HILL, FL 34609
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DO NOT WRITE IN THIS SPACE



04252006 No Chg-P CR2E034 (11/05)

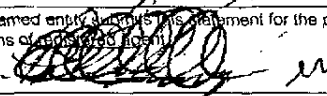
4. FEI Number 59-3482349	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

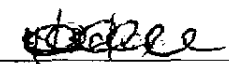
**FLANNERY, PATRICK
12306 EVERARD DRIVE
SPRING HILL, FL 34609**

**DO NOT WRITE
IN THIS SPACE**

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, said registered agent.

SIGNATURE:  *Patrick Flannery*

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

 *Debbie*

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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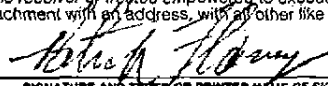
10. OFFICERS AND DIRECTORS

TITLE PD	NAME FLANNERY, PATRICK
STREET ADDRESS 12306 EVERARD DRIVE	
CITY-ST-ZIP SPRING HILL, FL 34609	
TITLE S	NAME FLANNERY, DEBRA TRUAX
STREET ADDRESS 12306 EVERARD DRIVE	
CITY-ST-ZIP SPRING HILL, FL 34609	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	

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05/18/06-80023-023 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 any other like empowered.

SIGNATURE:  *Patrick Flannery*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/06 727-644-0139

Date Daytime Phone #