


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2004 08:00 AM
Secretary of State

DOCUMENT # S16126
1. Entity Name
ADMIRAL MARKETING CORPORATION



Principal Place of Business Mailing Address
6067 KENNERLY ROAD 8184 JAMAICA RD. SOUTH
JACKSONVILLE, FL 32216 US JACKSONVILLE, FL 32216 US

DO NOT WRITE IN THIS SPACE



01112004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-3043027 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MOSER, VERL
8184 JAMAICA RD SOUTH
STE. 419
JACKSONVILLE, FL 32216

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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 registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOSER, VERL N 6027 KENNERLY RD JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDV MOSER, BRAD A 8181 JAMAICA RD. S JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MOSER, J.D. 6027 KENNERLY ROAD JACKSONVILLE, FL 32216
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IN THIS SPACE**

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: Verl N. Moser 1.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #