

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90036 042 ***150.00

DOCUMENT # S16126

1. Entity Name

ADMIRAL MARKETING CORPORATION



Principal Place of Business

8184 JAMAICA ROAD SOUTH
JACKSONVILLE FL 32216
US

Mailing Address

8184 JAMAICA RD. SOUTH
JACKSONVILLE FL 32216
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

City & State

4. FEI Number

59-3043027

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

MOSER, BRAD A VP
8184 JAMAICA RD SOUTH
STE. 419
JACKSONVILLE FL 32216

Name

VERL N. MOSER

Street Address (P.O. Box Number is Not Acceptable)

8184 JAMAICA ROAD SOUTH

SUITE # 419

City

JACKSONVILLE

FL

Zip Code

32216-3268

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

Verl N. Moser

1-24-2008

Signature, typed or printed name of registered agent and date of filing.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! (FEE IS \$150.00)

After May 1, 2008 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 VP ☐ Delete
NAME MOSER, VERL N
STREET ADDRESS 6027 KENNERLY RD
CITY-STATE-ZIP JACKSONVILLE FL 32216

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

TITLE VP ☐ Delete
NAME MOSER, BRAD A
STREET ADDRESS 8184 JAMAICA RD. S
CITY-STATE-ZIP JACKSONVILLE FL

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

TITLE TD ☐ Delete
NAME MOSER, JOANNE D
STREET ADDRESS 6027 KENNERLY ROAD
CITY-STATE-ZIP JACKSONVILLE FL 32216

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

TITLE ☐ Delete
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CITY-STATE-ZIP

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

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

SIGNATURE

Verl N. Moser
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-2008

Date

Disclose Filing #