2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S16126

Name:

Address: City-St-Zip: MOSER, JOANNE D

6027 KENNERLY ROAD

JACKSONVILLE, FL 32216 US

FILED Apr 06, 2009 Secretary of State

| Entity Name: ADMIRAL MARKETING CORPORATION | | | | | |
|---|---|-------------------------------|--|-----------------------------------|--|
| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
| 8184 JAMAICA ROAD SOUTH JACKSONVILLE, FL 32216 US | | | 8184 JAMAICA ROAL SUITE #419 JACKSONVILLE, FL | | |
| Current Mailing Address: | | | New Mailing Addres | New Mailing Address: | |
| | ICA RD. SOUTH /ILLE, FL 32216 | | 8184 JAMAICA RD. S SUITE #419 JACKSONVILLE, FL | | |
| FEI Number: | 59-3043027 | FEI Number Applied For() FEI | Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent: | | | | | |
| MOSER, VERL N 8184 TAMAICA RD S STE 419 JACKSONVILLE, FL 322163268 US | | | SUITE #419 | 8184 TAMAICA RD S STE 419 | |
| 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. | | | | | |
| SIGNATURE: | | | | 04/06/2009 | |
| Electronic Signature of Registered Agent Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | | | | |
| Title: Name: Address: City-St-Zip: | VP () De MOSER, VERL N 6027 KENNERLY I JACKSONVILLE, F | elete | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | VP () De MOSER, BRAD A 8184 JAMAICA RD JACKSONVILLE, F |). S | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: | TD () De | elete | Title: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: VERL N. MOSER VΡ 04/06/2009