2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # 294560

1. Entity Name
INTERPRINT INCORPORATED

Principal Place of Business	Mailing Address
12350 US HIGHWAY 19 N CLEARWATER, FL 33764 US	12350 US HWY 19 NO CLEARWATER, FL 33764 US

02212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0871253
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MORTEN, JAMES E.
15462 GULF BLVD
#906
MADERIA BEACH, FL 33708

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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, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	SPDC
NAME	MORTEN,JAMES E
STREET ADDRESS	15462 GULF BLVD, #906
CITY-ST-ZIP	MADERIA BCH, FL
TITLE	TDV
NAME	MORTEN, SCOTT J
STREET ADDRESS	13328 93RD AVE. NO
CITY-ST-ZIP	SEMINOLE, FL 33776
TITLE	DV
NAME	MORTEN, JAMES A
STREET ADDRESS	8567 PARKWOOD BLVD., #.
CITY-ST-ZIP	SEMINOLE, FL 34647
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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03/08/06-80030-021 150.00

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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 all other like empowered.

SIGNATURE: James E. Morten JAMES E. MORTEN 2/21/06 727-531-8857
Name and Title of Officer or Director Date Daytime Phone #