

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2005 08:00 AM
Secretary of State

DOCUMENT # 623735

1. Entity Name
PARTHENON PRINTS, INC.



Principal Place of Business
**909 W 39TH STREET
PO BOX 2505
PANAMA CITY, FL 32402**

Mailing Address
**909 W 39TH STREET
PO BOX 2505
PANAMA CITY, FL 32402**



01122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1915265

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SALE, THOMAS, JR.
602 HARRISON AVENUE, SUITE ONE
PANAMA CITY, FL 32401**

**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 registered agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

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

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HARRIS, THEONNE
STREET ADDRESS	4226 HARBOUR VILLAS
CITY-STATE-ZIP	PANAMA CITY, FL 32411
TITLE	ST
NAME	HARRIS, DOROTHY
STREET ADDRESS	4425 THOMAS DR. #502
CITY-STATE-ZIP	PANAMA CITY, FL 32408
TITLE	V
NAME	HARRIS, GUS, JR
STREET ADDRESS	304 FLORIDA AVENUE
CITY-STATE-ZIP	LYNN HAVEN, FL 32444
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

100000292854
04/08/05-80005-008 150.00

**DO NOT WRITE
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)(i) 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/05

DATE

Daytime Phone if