2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # 623735

1. Entity Name
PARTHENON PRINTS, INC.

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

DO NOT WRITE IN THIS SPACE

02282006 No Chg-P CR2E034 (11/05)

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

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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

U00000492792
04/19/06-80078-023 150.00

10. OFFICERS AND DIRECTORS

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

DO NOT WRITE IN THIS SPACE

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: _____ 3/30/06 850 769 8331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #