

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # 709966 1. Entity Name PRINTING ASSOCIATION OF FLORIDA, INC.	
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Principal Place of Business 6275 HAZELTINE NATIONAL DRIVE ORLANDO, FL 32822 US	Mailing Address 6275 HAZELTINE NATIONAL DRIVE ORLANDO, FL 32822 US
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01192006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0536092	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DULBERT, ROBERT A ONE DATRAN CENTER, SUITE 400 9100 DADELAND BLVD MIAMI, FL 33156

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

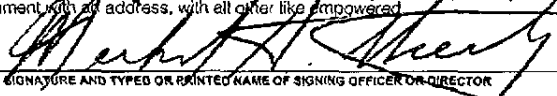
9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

000000490697
04/18/06-80067-013 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STREIBIG, MICHAEL H 6275 HAZELTINE NATIONAL DR ORLANDO, FL 32822
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD KUDEVIZ, LARRY 10101 NW 79TH AVE HIALEAH GARDENS, FL 33106
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ABBOTT, ART 110 ATLANTIC DRIVE, SUITE 110 MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MAGUIRE, BILL 3805 UNIVERSITY BLVD. W. JACKSONVILLE, FL 32217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD HASSON, ROB 3662 MORRIS ST SAINT PETERSBURG, FL 33713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD GARCIA, ED 6912 NW 46TH ST MIAMI, FL 33166

**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 617, 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 Date Daytime Phone #