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.

Principal Place of Business	Mailing Address
6275 HAZELTINE NATIONAL DRIVE ORLANDO, FL 32822 US	6275 HAZELTINE NATIONAL DRIVE ORLANDO, FL 32822 US

DO NOT WRITE IN THIS SPACE

01192006 No Chg-NP CR2E037 (11/05)

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

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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)

Filing Fee is $61.25
Due by May 1, 2006

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

000000490897
04/18/06-80067-013 61.25

10. OFFICERS AND DIRECTORS

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

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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 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: _____ Date _____ Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR