

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

03-10-2005 90141 040 ***150.00

DOCUMENT # L42288 1. Entity Name CONTINENTAL PRINTING SERVICES, INC.	
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Principal Place of Business 1529 CESERY BLVD. JACKSONVILLE, FL 32211	Mailing Address 1529 CESERY BLVD. JACKSONVILLE, FL 32211
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66009095



02072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3061587	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DUDUIT, JAMES L 1529 CESERY BLVD JACKSONVILLE, FL 32211	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when 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 NAME STREET ADDRESS CITY-ST-ZIP	DPT DUDUIT, JAMES 1529 CESERY BLVD JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DUDUIT, SHIRLEY 1529 CESERY BLVD. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GERGANOUS, MITCH 1529 CESERY BLVD. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KNIGHT, RONNIE 1529 CESERY BLVD. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DUDUIT, J. MICHAEL 1529 CESERY BLVD. JACKSONVILLE, FL 32211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KNIGHT, BARRY 1529 CESERY BLVD. JACKSONVILLE, FL 32211

**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: *James L. Duduit* Pres. 4-4-05 904 744 2466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #