


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 14, 2005 8:00 am**  
**Secretary of State**

06-17-2005 90002 019 \*\*\*150.00

**DOCUMENT # P02000059300**  
 1. Entity Name  
**THE PRINT CONNECTION INC.**



Principal Place of Business  
~~5800 AIRPORT ROAD-~~  
~~SUITE 1403~~  
~~PORT ORANGE, FL 32128~~

Mailing Address  
**5800 AIRPORT ROAD-**  
**SUITE 1403**  
**PORT ORANGE, FL 32128**

**66024641**

2. Principal Place of Business  
**5889 S. WILLIAMSON BLVD**

3. Mailing Address  
**5889 S. WILLIAMSON BLVD**

Suite, Apt. #, etc.  
 City & State

Zip Country Zip Country



05162005 Chg-P CP2E034 (10/03)

4. FEI Number  
**02-0815308**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**YODER, JUDITH E**  
**319 SEA HAWK CT**  
**EDGEWATER, FL 32141**

7. Name and Address of New Registered Agent  
 Name **VICKI L WAGNER**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5889 S. WILLIAMSON BLVD**  
**SUITE 1403**  
 City **PORT ORANGE** FL Zip Code **32128**

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 *Vicki L Wagner* DATE 6-14-05  
Signature, typed or printed name of registered agent and vice if applicable (NOTE: Registered Agent signature required when registering)

**FILE NOW!! FEE IS \$150.00**  
**Due by September 7, 2005**

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

In accordance with s. 607.183(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	YODER, JUDITH E 319 SEA HAWK CT EDGEWATER, FL 32141	TITLE D	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE V	WAGNER, VICKI L 319 SEA HAWK CT EDGEWATER, FL 32141	TITLE P, VP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE ST	BENNETT, JOANN R 3116 KUMQUAT DR EDGEWATER, FL 32141	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Vicki L Wagner* DATE 6-14-05 DAYTIME PHONE 384-756-4430  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR Day Daytime Phone

*www*

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # PO2000059300  
 1. Entity Name  
THE PRINT CONNECTION INC.



ATTACHMENT

06024641

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <u>5889 S. WILLIAMSON BLVD</u> Suite, Apt. #, etc. <u>SUITE 1403</u> City & State <u>PORT ORANGE, FL</u> Zip <u>32128</u> Country <u>USA</u>		3. Mailing Address <u>5889 S. WILLIAMSON BLVD</u> Suite, Apt. #, etc. <u>SUITE 1403</u> City & State <u>PORT ORANGE, FL</u> Zip <u>32128</u> Country <u>USA</u>	
---	--	---	--

DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current Registered Agent	
	Name <u>VICKI L WAGNER</u>	
	Street Address (P.O. Box Number is Not Acceptable) <u>5889 S. WILLIAMSON BLVD</u> <u>SUITE 1403</u>	
	City <u>PORT ORANGE</u> <b>FL</b>	Zip Code <u>32128</u>

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 \_\_\_\_\_

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>DODER, JUDITH E</u> <u>319 SEA HAWK CT</u> <u>EDGEWATER, FL 32141</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>P,VP</u> <u>WAGNER, VICKI L</u> <u>319 SEA HAWK CT</u> <u>EDGEWATER, FL 32141</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>ST</u> <u>BENNETT, JOANN R</u> <u>3116 KUM QUAT DR</u> <u>EDGEWATER, FL 32141</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 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 #

CR2E034B (12/02)

ATTACHMENT

66024641

The Print Connection, Inc.  
5889 S. Williamson Blvd.  
Port Orange, FL 32128  
386-756-4430

Division of Corporations  
P.O. Box 6198  
Tallahassee, FL 32314-6198

RE: P02000059300

Dear Customer Service:

Enclosed is a newly completed Annual Report. We never received the original report due to a change in address. We were told that we would not have to pay the penalty due to the address change, so we downloaded the form, made the corrections and sent check number 2485 in the amount of \$150.00. We received a letter from you stating that you are holding the \$150.00 check but did not file the report since we owe an additional \$400.00. Once again we called and were told that we did not owe the \$400.00 and that the reason the report wasn't filed was because we showed changes on the report. So we were told to complete another report without crossing out the address. You sent us a blank form which is attached. We have also attached all the correspondence received from you.

Please correct our records. If you have any other questions, please feel free to contact us.

Sincerely,

Vicki L Wagner  
President  
The Print Connection, Inc.