


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90209 049 ***150.00

DOCUMENT # P02000059300			
1. Entity Name THE PRINT CONNECTION INC.			
Principal Place of Business 5889 S. WILLIAMSON BLVD. SUITE 1403 PORT ORANGE, FL 32128		Mailing Address 5889 S. WILLIAMSON BLVD. SUITE 1403 PORT ORANGE, FL 32128	
2. Principal Place of Business 4606 Clyde Morris Blvd. Suite, Apt. #, etc. # 2h		3. Mailing Address 4606 Clyde Morris Blvd. Suite, Apt. #, etc. # 2h	
City & State Port Orange FL Zip 32129 Country U.S.A.		City & State Port Orange FL Zip 32129 Country U.S.A.	
4. FEI Number 02-0615308		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WAGNER, VICKI L. 5889 S. WILLIAMSON BLVD. SUITE 1403 PORT ORANGE, FL 32128		7. Name and Address of New Registered Agent Name Vicki L. Wagner Street Address (P.O. Box Number is Not Acceptable) 4606 Clyde Morris Blvd. Suite 2h City Port Orange FL Zip Code 32129	
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: 4-24-06 <small>Signature, typed or printed name of registered agent and tick if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YODER, JUDITH E 319 SEA HAWK CT EDGEWATER, FL 32141 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVP WAGNER, VICKI L 319 SEA HAWK CT EDGEWATER, FL 32141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BENNETT, JOANN R 3116 KUMQUAT DR EDGEWATER, FL 32141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Vicki L. Wagner President		4-24-06 386-756-4430	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Vicki L. Wagner President		<small>Date Daytime Phone #</small>	

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