2007 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2007 08:00 AM
Secretary of State

DOCUMENT # 326828

1. Entity Name
ECONOMY PRINTING COMPANY

Principal Place of Business	Mailing Address
5067 W 12TH ST JACKSONVILLE, FL 32254	PO BOX 2281 JACKSONVILLE, FL 32203 US

01022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1206586
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STRICKLAND, ROBERT D JR
5067 W 12TH STREET
JACKSONVILLE, FL 32205

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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)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	STD
NAME	STRICKLAND, TIMOTHY S
STREET ADDRESS	207 S.E. 34TH STREET
CITY-ST-ZIP	KEYSTONE HEIGHTS, FL 32656
TITLE	PD
NAME	STRICKLAND, ROBERT D JR.
STREET ADDRESS	1421 HOLMESDALE ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	V
NAME	STRICKLAND, SHERRY M
STREET ADDRESS	PO BOX 989 HWY 21
CITY-ST-ZIP	MELROSE, FL 32666
TITLE	VPD
NAME	STRICKLAND, JOSEPH P
STREET ADDRESS	4249 ORTEGA PLACE
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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: Sherry M. Strickland SHERRY M. STRICKLAND-Jan 2, 2007 (904) 786-4070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #