

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 002781

FILED
Jan 21, 2006
Secretary of State

Entity Name: THE E.O. PAINTER PRINTING COMPANY

Current Principal Place of Business:

4900 U.S. HWY 17 NORTH
P.O. BOX 877
DELEON SPRINGS, FL 32130

New Principal Place of Business:

Current Mailing Address:

4900 U.S. HWY 17 NORTH
P.O. BOX 877
DELEON SPRINGS, FL 32130

New Mailing Address:

FEI Number: 59-0388460

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSTON, S. DICK
1040 N. AMELIA AVE.
DELAND, FL 32724 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JOHNSTON, SIDNEY D
Address: 1040 NORTH AMELIA AVE.
City-St-Zip: DELAND, FL

Title: VD () Delete
Name: JOHNSTON, JEFFREY B
Address: 2141 CHURCH STREET
City-St-Zip: GLENWOOD, FL 32722

Title: S () Delete
Name: JOHNSTON, DONNA D
Address: 2141 CHURCH STREET
City-St-Zip: GLENWOOD, FL 32722

Title: T () Delete
Name: JOHNSTON, MARK A
Address: 409 FATIO RD
City-St-Zip: DELAND, FL 32720

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA D. JOHNSTON

S

01/21/2006

Electronic Signature of Signing Officer or Director

Date