

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 285370 1. Entity Name ARCADE LITHOGRAPHING CORP	
--	---

Principal Place of Business 2108 WHITFIELD PARK LOOP SARASOTA, FL 34243	Mailing Address 2108 WHITFIELD PARK LOOP SARASOTA, FL 34243
---	---



02012006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1085653	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent URBAN, CLARENCE R. 2108 WHITFIELD PARK LOOP SARASOTA, FL 34243
--

**DO NOT WRITE
IN THIS SPACE**

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)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	DATE 03/11/06-80028-007 150.00
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP URBAN, CLARENCE R 2108 WHITFIELD PARK LOOP SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS URBAN, STEPHEN J. 2108 WHITFIELD PARK LOOP SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV URBAN, GLORIA J 2108 WHITFIELD PARK LOOP SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T URBAN, AARON P 2108 WHITFIELD PARK LOOP SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 an other like empowered.

SIGNATURE:  **2/7/06** **941-755-2655**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #