

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90178 031 ***150.00

DOCUMENT # 288128

1. Entity Name
FUTCH PRINTING & MAILING, INC.



Principal Place of Business
**228 EAST FORSYTH STREET
JACKSONVILLE, FL 32202**

Mailing Address
**228 EAST FORSYTH STREET
JACKSONVILLE, FL 32202**

JUU40U2U

2. Principal Place of Business
400 Edgewood Ave. S.

3. Mailing Address
400 Edgewood Ave. South

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05022005

Chg-P

CR2E034 (10/03)

City & State
Jacksonville, FL

City & State
Jacksonville, FL

4. FEI Number
59-1086767

Applied For
Not Applicable

Zip
32254

Country
USA

Zip
32254

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FUTCH, SHUFORD M III
228 E FORSYTH ST
JACKSONVILLE, FL 32202**

7. Name and Address of New Registered Agent

Name
Futch, Shuford M, III
Street Address (P.O. Box Number is Not Acceptable)
400 Edgewood Avenue, South
City
Jacksonville FL Zip Code
32254

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 **Shuford M. Futch, III**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/29/05

DATE

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. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
FUTCH, SHUFORD M III
228 E. FORSYTH ST.
JACKSONVILLE, FL 32202** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**STV
FUTCH, AGATA Z
228 E. FORSYTH ST
JACKSONVILLE, FL 32002** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
: : : ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
: : : ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
: : : ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
: : : ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
Futch, Shuford M, III
400 Edgewood Avenue, South
Jacksonville, FL 32254** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**STV
Futch, Agata Z.
400 Edgewood Ave. South
Jacksonville, FL 32254** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
: : : ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
: : : ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
: : : ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
: : : ☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Agata Futch**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/05 904-388-3995

Date Daytime Phone #