


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90431 046 ***150.00

| | | | | | |
|--|------------------|--|--|---|--|
| DOCUMENT # 319008 | | | |  | |
| 1. Entity Name FLORIDA PRINTING COMPANY OF TALLAHASSEE, INC. | | | | | |
| Principal Place of Business 1621-F CAPITAL CIRCLE NE TALLAHASSEE, FL 32308 | | | Mailing Address 1621-F CAPITAL CIRCLE NE TALLAHASSEE, FL 32308 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | Zip | | Country |
| 6. Name and Address of Current Registered Agent WALKER, JAMES A. 1621-F CAPITAL CIRCLE NE TALLAHASSEE, FL 32308 | | | | 7. Name and Address of New Registered Agent | |
| | | | | Name | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | City | |
| | | | | FL Zip Code | |
| 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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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 | P | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | WALKER, JAMES A. | | NAME | | |
| STREET ADDRESS | 2316 TRECOTT DR. | | STREET ADDRESS | | |
| CITY-ST-ZIP | TALLAHASSEE, FL | | CITY-ST-ZIP | | |
| TITLE | ST | <input checked="" type="checkbox"/> Delete | TITLE | ST | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | WALKER, GAIL W | | NAME | CRUM, KIMBERLY W. | |
| STREET ADDRESS | 2316 TRECOTT DR. | | STREET ADDRESS | 1530 KULLACRE DR. | |
| CITY-ST-ZIP | TALLAHASSEE, FL | | CITY-ST-ZIP | TALLAHASSEE, FL 32308 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | VP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | | NAME | WALKER, JR. JAMES A. | |
| STREET ADDRESS | | | STREET ADDRESS | 1530 BROWN CT | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | TALLAHASSEE, FL 32308 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 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: <i>Kimberly W. Crum</i> | | 4-28-06 | | 877-7760 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date</small> | | <small>Daytime Phone #</small> | |

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4. FEI Number 59-1172678 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required