


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 326828</b>	
1. Entity Name ECONOMY PRINTING COMPANY	

Principal Place of Business 5067 W 12TH ST JACKSONVILLE, FL 32254	Mailing Address PO BOX 2281 JACKSONVILLE, FL 32203 US
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**DO NOT WRITE IN THIS SPACE**



01102005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1206586	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  STRICKLAND, ROBERT D JR 5067 W 12TH STREET JACKSONVILLE, FL 32205	<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when resigning)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	STD STRICKLAND, TIMOTHY S 207 S.E. 34TH STREET KEYSTONE HEIGHTS, FL 32656
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD STRICKLAND, ROBERT D JR. 1421 HOLMESDALE ROAD JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V STRICKLAND, SHERRY M PO BOX 988 HWY 21 MELROSE, FL 32666
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPD STRICKLAND, JOSEPH P 4249 ORTEGA PLACE JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

1100000230584  
02/15/05-80049-008 158.75

**DO NOT WRITE  
IN THIS SPACE**

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: <u>Robert D. Strickland, Jr</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>(904) 786-4070</u> <small>Daytime Phone #</small>
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