

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 07, 2006 8:00 am**  
**Secretary of State**

07-07-2006 90004 030 \*\*\*150.00

**DOCUMENT # 386284**

1. Entity Name  
ATLANTIC OFFSET PRINTING, INC.



Principal Place of Business

2960 N.W. 2ND AVENUE  
SUITE 9  
BOCA RATON, FL 33431

Mailing Address

2960 N.W. 2ND AVENUE  
SUITE 9  
BOCA RATON, FL 33431

30041004



**DO NOT WRITE IN THIS SPACE**

07052006 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-1359979

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

COBB, CHARLES E.  
641 N.E. 30 PL.  
BOCA RATON, FL 33431

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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

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

(NOTE: Registered Agent signature required when reinstating)

7-5-06  
DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

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	P
NAME	COBB, CHARLES E.
STREET ADDRESS	641 N.E. 30 PL.
CITY-ST-ZIP	BOCA RATON, FL
TITLE	VPT
NAME	VOGT, TERESA M.
STREET ADDRESS	641 NE 30TH PLACE
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-5-06 5613520929  
Date Daytime Phone #