

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 388438**

1. Entry Name  
**SOUTHEASTERN PEG BOARD PRINTERS, INC.**



Principal Place of Business  
**2750 DAWN RD  
JACKSONVILLE, FL 32207**

Mailing Address  
**2750 DAWN RD  
JACKSONVILLE, FL 32207**



01262006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1507702**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**EDENFIELD, W STEVEN  
2750 DAWN RD  
JACKSONVILLE, FL 32207**

**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 is required when reinstating) DATE \_\_\_\_\_

**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**

## 10. OFFICERS AND DIRECTORS

|                |                        |
|----------------|------------------------|
| TITLE          | PD                     |
| NAME           | EDENFIELD, W STEVEN    |
| STREET ADDRESS | 2750 DAWN RD           |
| CITY-STATE-ZIP | JACKSONVILLE, FL 32207 |
| TITLE          | D                      |
| NAME           | FRANK, GARY            |
| STREET ADDRESS | 90 E 10TH AVE.         |
| CITY-STATE-ZIP | HALEIGH, FL            |
| TITLE          |                        |
| NAME           |                        |
| STREET ADDRESS |                        |
| CITY-STATE-ZIP |                        |
| TITLE          |                        |
| NAME           |                        |
| STREET ADDRESS |                        |
| CITY-STATE-ZIP |                        |
| TITLE          |                        |
| NAME           |                        |
| STREET ADDRESS |                        |
| CITY-STATE-ZIP |                        |

U00000497356  
04/22/06-80048-025 150.00

**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 all other like empowered.

SIGNATURE: U-586  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-06

Date Daytime Phone