

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 392592

FILED  
Feb 11, 2006  
Secretary of State

Entity Name: CROMER PRINTING, INC.

## Current Principal Place of Business:

121 N. 8TH STREET  
POST OFFICE BOX 1268  
HAINES CITY, FL 33845

## New Principal Place of Business:

8317B W. LAKE MARION ROAD  
HAINES CITY, FL 33844

## Current Mailing Address:

121 N. 8TH STREET  
POST OFFICE BOX 1268  
HAINES CITY, FL 33845

## New Mailing Address:

8317B W. LAKE MARION ROAD  
HAINES CITY, FL 33844

FEI Number: 59-1368623

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FREEMAN, BOBBI C  
8317 LAKE MARION RD WEST  
HAINES CITY, FL 33844 US

## Name and Address of New Registered Agent:

FREEMAN, BOBBI C  
8317B WEST LAKE MARION ROAD  
HAINES CITY, FL 33844 US

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.

SIGNATURE:

02/11/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D (X) Delete  
Name: SMITH, SHARON  
Address: 8317 LAKE MARION RD W  
City-St-Zip: HAINES CITY, FL 33844

Title: PT ( ) Delete  
Name: FREEMAN, BOBBI C  
Address: 8317 LAKE MARION ROAD W  
City-St-Zip: HAINES CITY, FL 33844

Title: D ( ) Delete  
Name: MALLOY, JAMIE F  
Address: 206 S LOCKMOOR AVE  
City-St-Zip: TAMPA, FL 33617

Title: VP/D ( ) Delete  
Name: FREEMAN, ROBERT J  
Address: 11700 JIM EDWARDS RD  
City-St-Zip: HAINES CITY, FL 33844

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PT (X) Change ( ) Addition  
Name: FREEMAN, BOBBI C  
Address: 8317B WEST LAKE MARION RD.  
City-St-Zip: HAINES CITY, FL 33844

Title: D (X) Change ( ) Addition  
Name: MALLOY, JAMIE F  
Address: 206 S. LOCKMOOR AVENUE  
City-St-Zip: TAMPA, FL 33617

Title: VP/D (X) Change ( ) Addition  
Name: FREEMAN, ROBERT J  
Address: 11700 JIM EDWARDS ROAD  
City-St-Zip: HAINES CITY, FL 33844

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOBBI C. FREEMAN

P/T

02/11/2006

Electronic Signature of Signing Officer or Director

Date