


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 498334**  
 1. Entity Name  
**MR. QUICKPRINT, INC.**



Principal Place of Business 4815 N.E. 12TH AVENUE OAKLAND PARK, FL 33334 US	Mailing Address 4815 N.E. 12TH AVENUE OAKLAND PARK, FL 33334 US
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**DO NOT WRITE IN THIS SPACE**



01292006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1653658	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**VECCHIO, JOSEPH A. JR.**  
**2929 E COMMERCIAL BLVD**  
**FT. LAUDERDALE, FL 33308**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

UN00000419231  
 02/14/06-80039-005 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS WEBER, MICHAEL C 9811 WESTVIEW DR #913 CORAL SPRINGS, FL 33076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEBER, MICHAEL W 7640 WESTWOOD DR #410 TAMARAC, FL 33321
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:** Michael Weber **1-31-06** **9545668888**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #