## 2005 FOR PROFIT CORPORATION

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **FILED** Mar 17, 2005 08:00 AM

8139332474

Daytime Phone #

ANNOAL REPORT				
DOCUMENT # 593319  1. Entity Name PRINTER'S PRIDE, INC.			Secretary of Stat	
Principal Plac	e of Business	Mailing Address	المالية المالي المالية المالية المالي	<u> </u>
	BUSY BEE PRÎNTING E Mabry Highway	D/B/A BOB'S BUSY BEE PRINT 7211 N. DALE MABRY HIGHWA		
TAMPA, FL 3		TAMPA, FL 33614	W <sub>.</sub> .	
·				
				HANKOL DUKA INIBE INGA HIBH KANA TAN DIBKE ANDH ARAN BRAN BURKE BIDKEBEN KADE
DO NOT WRITE IN THIS SPACE			. Note: 11 - 12 - 12 - 12 - 12 - 12 - 12 - 12	01172005 No Chg-P CR2E034 (10/03)
			CE	4. FFI Number Applied For
			. ,	4. FEI Number   Applied For   59-1860006   Not Applicable
				5. Certificate of Status Desired S8.75 Additional
	Fee Required			
6. Name and Address of Current Registered Agent				
WALSH, VINCE CPA  3302 AZEELE ST				DO NOT WRITE
TAMPA, FL 33609				
				IN THIS SPACE
1		=		- The second sec
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 refinstating)  DATE				
	E NOW!!! FEE IS \$150.00	Election Campaign Fina     Trust Fund Contribution.		i.00 May Be
After Ma	ny 1, 2005 Fee will be \$550.00	Trust I and Contampation.		lad to Leas
10.	OFFICERS AND D	RECTORS		
TITLE NAME	S SEILER, ROBERT G			
STREET ADDRESS	4980 KILKENNEY WAY			
CITY-ST-ZIP	OLDSMAR, FL 34677			U00000266891
TITLE NAME	PSD WEXLER, BETH S	-	: 1 1 mm.	03/17/05-80039-014 150.nn
STREET ADDRESS	2782 SADDLEWOOD LANE			
CITY-ST-ZIP	PALM HARBOR, FL 34685		.]	
TITLE	VP			<del> </del>
NAME STREET ADDRESS	WEXLER, BRADLEY A 2782 SADDLEWOOD LANE			
CITY-ST-ZIP	PALM HARBOR, FL 34685	<u> </u>	<u> </u>	DO NOT WRITE
TITLE		<del></del>	1	IN THIS SPACE
NAME			1	IN THIS STAGE
STREET ADDRESS CITY-ST-ZIP				
TITLE			-	
NAME			4	
STREET ADDRESS CITY-ST-ZIP			ľ	
TITLE		J. B. Barrer		<del></del>
NAME			ľ	
STREET ADDRESS			ì	
12. I hereby c	ertify that the information summited with	his filing does not quality for the eye	motion stated in Se	action 119.07(3)(i). Florida Statutes. I further certify that the Information
12. I hereby certify that the information supplied with this filling 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 trustege 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 express, with all other like empowered.				
changed, or on an attachment with an address, with all other like empowered.				
SIGNATURE: 2 1 14/64 813 933 2474				