2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED May 30, 2008 8:00 am Secretary of State

Davume Phone #

				—,	occi cia	iry or Su	uu	
DOCUMENT # 616465 1. Entity Name PROGRESSIVE PRINTING COMPANY, INC.						90220 018 ***550		
Principal Place of Business 4505 LEXINGTON AVENUE JACKSONVILLE, FL 32210 US ACKSONVILLE, FL 32210			US	July				
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1414 AZALEA DR. 1414 AZALEA Suite, Apt. #, etc. Suite, Apt. #, etc.			DR.	DR				
City & State City & State				4. FEI Numbe	or -	Ar	oplied For	
JACKSONVILLE, FL JACKSONVILLE Zip Country Zip Ci 32205 US 32205			ountry US	59-1891601 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name and Address of Current F	Registered Agent		7. Name and	Address of New Ro	egistered Agent		
MCINNIS, DANIEL L 4505 LEXINGTON AVE				Name MCINNIS, DANIEL L Street Address (P.O. Box Number is Not Acceptable)				
JACKSONVILLE, FL 32210			14 City (2)	14 AZALE	A DR.	Zip Cod	e 70.00	
			~"'JA(KSONVILLE		FL Zip Cod	~ <i>5220</i> 5	
8. The above the obligati	named entity submits this statement for one of registered agent	the purpose of changing its regis	tered office or re	gistered agent, or bot	th, in the State of Flo		and accept	
SIGNATURE DANIG UCUNIS VPDS Signature, typed or printed name of registered agent and little it applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
	Signature, typed or primer have or registered agent in	TOTAL TEGE		odarca misiros aistrig,				
	LE NOWIII FEE IS \$550.00 ue by September 12, 2008	Election Campaign Fi Trust Fund Contribution		\$5.00 May Be Added to Fees	ı			
10. OFFICERS AND DIRECTORS 11.			11.	ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECTOR	\$ IN 11	
TITLE	PD	☐ Delete	TITLE	py	IV O	Change	Addition	
NAME	MCINNIS, DIANE C			Meinnis, i)		•		
STREET ADDRESS	4505 LEXINGTON AVE		Street Address 1	1414 AZALE	A DR			
CITY-ST-ZIP	JACKSONVILLE, FL 32210			acksonvil	luft 3.	2205		
TITLE	VPDS	☐ Detete	TITLE V	1005	11401 1 100	Change	☐ Addition	
NAME	MCINNIS, DANIEL L.JR.			ACINNIS, DAN	I Do	•		
STREET ADDRESS	4505 LEXINGTON AVE.			414 AZALEA	0 51 32	205		
CITY-ST-ZIP	JACKSONVILLE, FL 32210		1.	Sacksonville	e ire sa		Addition	
TITLE	MCINNIS, DEAN L.		TITLE NAME	AD ININIS. D	EAN L	Change .	Montion	
STREET ADDRESS	4505 LEXINGTON AVE.		STREET ADDRESS	UCINNIS, D 1414 AZALE	A DR.			
CITY-ST-ZIP	JACKSONVILLE, FL		CITY-ST-ZIP	Jacksonville	e FL 32	1205		
TITLE	CEO	☐ Delete	TITLE	CEO	1 .	Change	Addition	
NAME	MCINNIS, DANIEL			MCIUNIS, O				
STREET ADDRESS	4505 LEXINGTON AVE			1414 AZALEA	Dr.			
CITY-ST-ZIP	JACKSONVILLE, FL 32210		CITY-ST-ZIP	Socksonvill	with 32	205		
TITLE		L. Delete	TITLE .			☐ Change	☐ Addition	
NAME STREET ADDRESS		Į.	NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE			TITLE			Change	☐ Addition	
NAME			NAME			_ o.ungo		
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
12. I hereby	certify that the information supplied with	this filing does not qualify for the	exemptions con	tained in Chapter 11	9, Florida Statutes. I	further certify that the	information	
of the cor	on this report or supplemental report is poration or the receiver or trustee emport or on an attachment with an address,	owered to execute this report as re	gnature shall hav equired by Chapt	re the same legal effer ter 607, Florida Statute	ct as it made under ones; and that my nam	e appears in Block 10 c	or Block 11 if	