

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2005 8:00 am
Secretary of State

07-05-2005 90225 029 ****61.25

20061504



DOCUMENT # 709966 1. Entity Name PRINTING ASSOCIATION OF FLORIDA, INC.					
Principal Place of Business 6275 HAZELTINE NATIONAL DRIVE ORLANDO, FL 32822 US			Mailing Address 6275 HAZELTINE NATIONAL DRIVE ORLANDO, FL 32822 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number 59-0536092				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DULBERT, ROBERT A 100 SE 2ND ST. 21ST FLOOR MIAMI, FL 33131			Name <u>Dulberg, Robert A</u> Street Address (P.O. Box Number is Not Acceptable) <u>ONE DATRAN CENTER Suite 400</u> <u>9100 Dade land Blvd.</u> City <u>Miami</u> <u>FL</u> Zip Code <u>33156</u>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STREIBIG, MICHAEL H		NAME		
STREET ADDRESS	6275 HAZELTINE NATIONAL DR		STREET ADDRESS		
CITY - ST - ZIP	ORLANDO, FL 32822		CITY - ST - ZIP		
TITLE	VCD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WALSH, DICK		NAME	<u>Larry Kudevitz</u>	
STREET ADDRESS	37 S. NORTHLAKE BLVD.		STREET ADDRESS	<u>10101 NW 79th Ave.</u>	
CITY - ST - ZIP	ALTAMONTE SPRINGS, FL 32701		CITY - ST - ZIP	<u>Highland Gardens FL 33106</u>	
TITLE	C	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ANGSTROM, WAYNE		NAME	<u>Art Abbott</u>	
STREET ADDRESS	2025 MCKINLEY ST.		STREET ADDRESS	<u>110 Atlantic Drive Suite 110</u>	
CITY - ST - ZIP	HOLLYWOOD, FL 33054		CITY - ST - ZIP	<u>Martland FL 32751</u>	
TITLE	VCD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAGUIRE, BILL		NAME	<u>Chairman</u>	
STREET ADDRESS	3805 UNIVERSITY BLVD. W.		STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE, FL 32217		CITY - ST - ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HASSON, ROB		NAME	<u>VCD</u>	
STREET ADDRESS	3662 MORRIS ST		STREET ADDRESS		
CITY - ST - ZIP	SAINT PETERSBURG, FL 33713		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<u>ED Garcia</u>	
STREET ADDRESS			STREET ADDRESS	<u>6912 NW 46th St.</u>	
CITY - ST - ZIP			CITY - ST - ZIP	<u>Miami FL 33166</u>	
12. I hereby certify that the information supplied with this filing 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 trustee empowered to execute this report as required by Chapter 617, 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>Michael H. Streibig</u> <u>Michael H. Streibig</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				Date _____ Daytime Phone # _____	