2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 751326

1. Entity Name
POST SCRIPT, INC.

Principal Place of Business	Mailing Address
1879 EMERALD BAY DR ROCKWALL, TX 75087-3284 US	1879 EMERALD BAY DR ROCKWALL, TX 75087-3284 US

01152006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
59-2020287
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TORELLI, DEBRA G
1600 BENTIN DRIVE S
JACKSONVILLE BEACH, FL 32250

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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)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	RIGGIN, JUDY
STREET ADDRESS	2405 NEMETH CT
CITY-ST-ZIP	ALEXANDRIA, VA 22306
TITLE	SD
NAME	JENNINGS, WADE
STREET ADDRESS	621 EAST CHARLES
CITY-ST-ZIP	MUNCIE, IN
TITLE	SD
NAME	TORELLI, DEBRA
STREET ADDRESS	1600 BENTON DR SOUTH
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250
TITLE	PD
NAME	DUCHOVNAY, GERALD
STREET ADDRESS	1879 EMERALD BAY DR
CITY-ST-ZIP	ROCKWALL, TX 75087
TITLE	TD
NAME	NELSON, RENWICK T
STREET ADDRESS	3938 BARCELONA
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	VD
NAME	TELOTTE, J. P.
STREET ADDRESS	3780 W COOPER LK DR
CITY-ST-ZIP	SMYRNA, GA

U00000396333
01/30/06-80005-023 61.25

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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 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: [signature] GERALD DUCHOVNAY 17 JAN. 2006 972 771-7201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #