2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2005 08:00 AM
Secretary of State

DOCUMENT # F02000005662

1. Entity Name
TREND OFFSET PRINTING SERVICES, INC.

Principal Place of Business	Mailing Address
10301 BUSCH DR. NORTH JACKSONVILLE, FL 32218	10301 BUSCH DR. NORTH JACKSONVILLE, FL 32218

06082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
33-0165444
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$6.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FRAZIER, W. ROBINSON
1515 RIVERSIDE AVE., STE. A
JACKSONVILLE, FL 32204

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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)

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	LIENAU, ANTHONY
STREET ADDRESS	40138 LAKE VIEW DR.
CITY-ST-ZIP	BIG BEAR, CA 92315
TITLE	D
NAME	HANDGIS, JORGE
STREET ADDRESS	78-120 HOLUA RD.
CITY-ST-ZIP	KAILUA-KONA, HI 96740
TITLE	P
NAME	NELSON, TODD
STREET ADDRESS	19635 LARCHMONT CIRCLE
CITY-ST-ZIP	HUNTINGTON BEACH, CA 92648
TITLE	S
NAME	AHMED, MUNIR
STREET ADDRESS	3791 CATALINA ST.
CITY-ST-ZIP	LOS ALTAMITOS, CA 90720
TITLE	T
NAME	DAVIS, JIM
STREET ADDRESS	3791 CATALINA ST.
CITY-ST-ZIP	LOS ALAMITOS, CA 90720
TITLE	D
NAME	FINIE, PAUL
STREET ADDRESS	2323 MCDANIEL DR.
CITY-ST-ZIP	CARROLLTON, TX 75006

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06/16/05-80002-004 158.75

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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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Jim Davis 6/1/05 (582)794-2315
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #