

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # F02000005662	
1. Entity Name TREND OFFSET PRINTING SERVICES, INC.	

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



01242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 33-0165444	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FRAZIER, W. ROBINSON 1515 RIVERSIDE AVE., STE. A JACKSONVILLE, FL 32204
--

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00**

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

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

000000408175
02/08/06-80049-017 150.00

**DO NOT WRITE
IN THIS SPACE**

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 607, 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:

Jim Davis 1/27/06 (562) 794-2315
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #