2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jul 27, 2005 8:00 am **Secretary of State** DOCUMENT # F93137 1. Entity Name 07-27-2005 90050 031 ***150.00 SHORT STOP PRINT, INC. Principal Place of Business Mailing Address % GRATIA D. SCHROEDER % GRATIA D. SCHROEDER 1101 S. MCCALL ROAD 1101 S. MCCALL ROAD **ENGLEWOOD FL 34223 ENGLEWOOD FL 34223** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State Applied For City & State 4. FEI Number 59-2210896 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCHROEDER, GRATIA D. Street Address (P.O. Box Number is Not Acceptable) 1101 S. MCCALL ROAD **ENGLEWOOD FL 34223** City Zip Code 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 Signature, typed or punited name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete THILE ☐ Change ■ Addition NAME SCHROEDER, GRATIA D. NAME STREET ADDRESS 2602 HERMITAGE RD STREET ADDRESS VENICE FL 34292 CITY-ST-70P CITY-ST-ZIP THE ☐ Addition THE ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition MILE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-719 1111.5 ☐ Delete THE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P Addition TITLE ☐ Defete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

FILED

12. I hereby certify that the information supplied with this filling 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Design Proces

ATTACHMENT

Short Stop Printing, Inc.

50058070 #F963/37

v //

(941) 474-4313

1101 South McCall Road Englewood, Florida 34223

July 21, 2005

Florida Dept. of State Division of Corporations Annual Report Section P.O. Box 6850 Tallahassee, FL 32314

Gentlemen:

Please be advised that we just received the Annual Report form to be filed by May 1, 2005. We are processing this form immediately and have enclosed a check in the amount of \$150.00 for payment in full for this filing. We do not file our forms late and they are always processed for payment before the due date.

If you have any further questions please contact us at 941-474-4313.

Sincerely,

Gratia D. Schroeder

Gratia D. Schreecher