## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 23, 2006 08:00 AM DOCUMENT # G13808 **Secretary of State** 1. Entity Name. WINTER PARK SCREEN PRINT, INC. Mailing Address Principal Place of Business 1112 SOLANA AVENUE P. O. BOX 2338 (WINTER PARK, FL. 3279 WINTER PARK FL 32789 PO BOX 2338 WINTER PARK FL 32790 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied Far 59-2244028 Not Applicat Country Zio Country Zio \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JACKSON, GRAHAM E., JR. Street Address (P.O. Box Number is Not Acceptable) 220 BLOSSOM LANE WINTER PARK FL 32789 Zip Code City Fi 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 primed name of registered agent and fitte if applicable (NOTE Registered Agent signature required when reinstaling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 5 After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Change Addin. TITLE FITTE Delete JACKSON, GRAHAM E, JR NAME NAME U000007478897 04/08/06-80023-019 150.00 STREET ADDRESS STREET ADDRESS 1112 SOLANA AVENUE CITY-ST-ZIP WINTER PARK FL CITY-ST-ZIP TITLE DPV Delete TITLE ☐ Change T Addition NAME NAME JACKSON, GRAHAM E, JR STREET ADDRESS 1112 SOLANA AVENUE STREET ADDRESS CHY-ST-ZIP WINTER PARK FL CITY - ST-ZIP ☐ Change □ Material 7771.2 Delete TITLE NAME MAME JACKSON, CHERYL G STREET ADDRESS STREET ADDRESS 1112 SOLANA AVENUE CITY-ST-ZIP CITY-ST-ITP WINTER PARK FL DILE □ Defete 317 ☐ Change ☐ Additio NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Detete TITLE ☐ Change Admir-NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP ☐ Delete Change Addition MLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-219 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Cherry & faction

Cherge G-Jactson

3/20/06 (407)629-1040

FILED