


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # G13808
 1. Entity Name
 WINTER PARK SCREEN PRINT, INC.



Principal Place of Business
 1112 SOLANA AVENUE
 P. O. BOX 2338 (WINTER PARK, FL 32790)
 WINTER PARK, FL 32789

Mailing Address
 PO BOX 2338
 WINTER PARK, FL 32790 US

DO NOT WRITE IN THIS SPACE



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number
 59-2244028

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

JACKSON, GRAHAM E., JR.
 220 BLOSSOM LANE
 WINTER PARK, FL 32789

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

| | |
|-----------------|-----------------------|
| TITLE | M |
| NAME | JACKSON, GRAHAM E, JR |
| STREET ADDRESS | 1112 SOLANA AVENUE |
| CITY - ST - ZIP | WINTER PARK, FL |
| TITLE | DPV |
| NAME | JACKSON, GRAHAM E, JR |
| STREET ADDRESS | 1112 SOLANA AVENUE |
| CITY - ST - ZIP | WINTER PARK, FL |
| TITLE | ST |
| NAME | JACKSON, CHERYL G |
| STREET ADDRESS | 1112 SOLANA AVENUE |
| CITY - ST - ZIP | WINTER PARK, FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

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 05/01/07-80107-020 150.00

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: *Cheryl G. Jackson* Cheryl G. Jackson 4-19-07 407-629-1046

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #