## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# G32880

Title:

Name:

Address:

City-St-Zip:

Entity Name: FLORIDA INK MANUFACTURING CO., INC.

FILED Jan 06, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1715 TEMPLE ST. TAMPA, FL 33619 **Current Mailing Address: New Mailing Address:** 1715 TEMPLE ST TAMPA, FL 33619 FEI Number: 59-2279085 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BERG, WALTER H., JR. 710 OÁKFIELD DR. SUITE 255 BRANDON, FL 33511 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition NESSMITH, GEORGE B., JR. Name: Name: 1715 TEMPLE ST Address: Address: City-St-Zip: TAMPA, FL City-St-Zip: Title: STD Title: () Delete () Change () Addition Name: NESSMITH, TINY JEAN Name: 1715 TEMPLE ST Address: Address: City-St-Zip: TAMPA, FL City-St-Zip: Title: Title: ( ) Delete () Change () Addition NESSMITH, SCOTT L Name: Name: 13212 FOX WAY TR. Address: Address: City-St-Zip: RIVERVIEW, FL 33569 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JOHN S NESSMITH VP 01/06/2009

() Delete

NESSMITH, JOHN, S

VALRICO, FL 33594

1008 LEGENDS PASS DR

(X) Change ( ) Addition

NESSMITH, JOHN, S

VALRICO, FL 33594

1008 LEGENDS PASS DR