

2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jan 27, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # G79927

1. Entity Name  
ARJAY PRINTING COMPANY



Principal Place of Business  
6304 PEARL ST  
JACKSONVILLE, FL 32208 US

Mailing Address  
6304 N. PEARL STREET  
JACKSONVILLE, FL 32208 US



01232006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2373697

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

FRASER, KENNETH L  
505 LANCASTER ST.  
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

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, 2006 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

1000000406016  
02/07/06-80062-019 150.00

10. OFFICERS AND DIRECTORS

TITLE D  
NAME FRASER, KEN  
STREET ADDRESS 14420 SEAFARER DR.  
CITY-ST-ZIP JACKSONVILLE BCH., FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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STREET ADDRESS  
CITY-ST-ZIP

**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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-23-06 904-764-607