

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H41153

FILED
Mar 28, 2006
Secretary of State

Entity Name: MYERS PRINTING INC.

Current Principal Place of Business:

5601 N. FLORIDA AVE.
TAMPA, FL 33604 US

New Principal Place of Business:

Current Mailing Address:

5601 N. FLORIDA AVE
TAMPA, FL 33604 US

New Mailing Address:

FEI Number: 59-2564380

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MYERS, JOCELYN
5601 N FLORIDA
TAMPA, FL 33604 US

Name and Address of New Registered Agent:

MYERS, PHILIP
5601 N FLORIDA
TAMPA, FL 33604 US

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: PHILIP MYERS

03/28/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MYERS, JOCELYN
Address: 5601 N. FLORIDA AVE.
City-St-Zip: TAMPA, FL 33604

Title: ST () Delete
Name: MYERS, PHILIP
Address: 5601 N FLORIDA AVE
City-St-Zip: TAMPA, FL 33604

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MYERS, PHILIP
Address: 5601 N. FLORIDA AVE.
City-St-Zip: TAMPA, FL 33604

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: PHILIP MYERS

PD

03/28/2006

Electronic Signature of Signing Officer or Director

Date