

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J26735

FILED  
Jan 11, 2007  
Secretary of State

**Entity Name:** COLOR CONCEPTS PRINTING AND DESIGN COMPANY

**Current Principal Place of Business:**

2602 TAMPA EAST BLVD  
TAMPA, FL 33619

**New Principal Place of Business:**

**Current Mailing Address:**

2602 TAMPA EAST BLVD  
TAMPA, FL 33619

**New Mailing Address:**

**FEI Number:** 59-2705127

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BROD, SHERMAN M  
3314 HENDERSON BLVD  
SUITE 100  
TAMPA, FL 33609 US

**Name and Address of New Registered Agent:**

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:**

Title: PD ( ) Delete  
Name: WAHLER, ROBIN  
Address: 2602 TAMPA EAST BLVD  
City-St-Zip: TAMPA, FL 33619 US

Title: VD ( ) Delete  
Name: COLLYER, DAVID D  
Address: 2602 TAMPA EAST BLVD  
City-St-Zip: TAMPA, FL 33619 US

Title: ST (X) Delete  
Name: STEGALL, JACQULYN  
Address: 2602 TAMPA EAST BLVD  
City-St-Zip: TAMPA, FL 33619 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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:** ROBIN WAHLER

PD

01/11/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date