

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90070 048 ***150.00

DOCUMENT # J49942

1. Entity Name

LITHOCRAFT INKS & CHEMICALS CORP.



Principal Place of Business

306 SW 33RD AVE
OCALA FL 34474
US

Mailing Address

306 SW 33 AVE
OCALA FL 34474
US

2. Principal Place of Business

306 S.W. 33RD AVENUE

Suite, Apt. #, etc.

OCALA, FLORIDA 34474

City & State

Zip
34474

Country
MARION

3. Mailing Address

306 S.W. 33RD AVENUE

Suite, Apt. #, etc.

OCALA, FLORIDA 34474

City & State

Zip
34474

Country
MARION

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-2747597

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBINSON, C. HOWARD
306 SW 33 AVE
OCALA FL 32674

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$500.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	S P	<input type="checkbox"/> Delete
NAME	ROBINSON, C. HOWARD	
STREET ADDRESS	306 SW 33 AVE	
CITY-ST-ZIP	OCALA FL	
TITLE	P V	<input type="checkbox"/> Delete
NAME	ROBINSON, DAVID	
STREET ADDRESS	306 SW 33 AVE	
CITY-ST-ZIP	OCALA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: C. Howard Robinson C. HOWARD ROBINSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-2006

Date

352-629-8629

Daytime Phone #