

**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90045 037 \*\*\*150.00

**DOCUMENT # K26521**

1. Entity Name  
**HAPPEL GRAPHICS, INC.**



Principal Place of Business      Mailing Address

**108 GARY LN  
 COCOA FL 32922  
 US**      **108 GARY LANE  
 COCOA FL 32922**



2. Principal Place of Business      3. Mailing Address

**831 E. 10th AVE.**      **831 E. 10th AVE.**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

1st MOORE      CR2E034 (10/05)

City & State      City & State

**NEW SMYRNA BEACH, FL**      **NEW SMYRNA BEACH, FL.**

Zip      Country      Zip      Country

**32169**      **USA**      **32169**      **USA**

4. FEI Number      Applied For

**59-2915482**       Not Applicable

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

    

6. Name and Address of Current Registered Agent

**HAPPEL, LINDA M.  
 4705 LEMON ST  
 COCOA FL 32922**

7. Name and Address of New Registered Agent

Name      **HAPPEL, LINDA M.**

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

**831 E. 10th AVE.**

City      State      Zip Code

**NEW SMYRNA BEACH      FL      32169**

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 *Linda M. Happel, pres.*      1-29-06

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when title is not applicable.)      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      \$5.00 May Be Added to Fees

Trust Fund Contribution     

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAPPEL, LINDA M.</b>	NAME	
STREET ADDRESS	<b>108 GARY LN</b>	STREET ADDRESS	<b>831 E. 10th AVE.</b>
CITY-ST-ZIP	<b>COCOA FL 32922</b>	CITY-ST-ZIP	<b>NEW SMYRNA BEACH, FL. 32169</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Linda M. Happel, pres.*      Linda M. Happel, pres      1-29-06      321      749-2779

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      DATE      Daytime Phone #