6/22/2005-90079-010-\$150.00-\$150.00

## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

| DOCUMEN I # LOU968 f. Entity Name CORPORATE PRINTING MANAGEMENT SERVICES, INC.   |  |                                   |                            |   |   |  |  |   | OS JUL -5 AM 8:57  CECK GRAD I STAME TALLAM ASSISTED FUNDIDA |                                    |                             |                              |  |
|--|--|-----------------------------------|----------------------------|---|---|--|--|---|--|------------------------------------|-----------------------------|------------------------------|--|
| Principal Place of Business<br>7012 WEBB ROAD<br>TAMPA, FL 33615   |  |                                   | P                          | Mailing Address P.O. BOX 260535 TAMPA, FL 33685 |   |  |  | alite to the                                  | , , , <b>t</b> . , ,   | ibri                               |                             |                              |  |
| Principal Place of Business     3. Mailing Address   |  |                                   |                            |   |   |  |  |   |  |                                    |                             |                              |  |
| Suite, Apt. #, etc.  |  |                                   |                            | +   | Suite, Apt. #, etc.   |  |  |   | Chg-P  | CR2E03                             | 4 (10/03)                   | 05                           |  |
| City & State   |  |                                   | 7                          | City & State                                    |   |  | 4. FEI Num<br>59-29                              | ber<br>60668                                  | <del></del>  |                                    | plied For<br>Applicable     |                              |  |
| Zip  | Country  |                                   |                            |   | Zip   | Coun   | try  | 5 Contilinate of Status Desired               |  | \$8.75 Additional<br>Fee Required  |                             |                              |  |
| 6. Name and Address of Current Registered Agent  |  |                                   |                            |   |   |  | 7. Name and Address of New Registered Agent Name |   |  |                                    |                             |                              |  |
| WILLIAMSON, JOHN A<br>2503 W SWANN AVE   |  |                                   |                            |   |   | Street Address (P.O. Box Number is Not Acceptable) |  |   |  |                                    |                             |                              |  |
| TAMPA, FL 33609  |  |                                   |                            |   |   |  |  |   |  |                                    |                             |                              |  |
|  |  |                                   |                            |   |   |  | City   |   |  | FL                                 | Zip Code                    |                              |  |
| 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    NOTE: Registered Agent segments when remarkating   DATE |  |                                   |                            |   |   |  |  |   |  |                                    |                             |                              |  |
| FILE NOWIII FEE IS \$550.00 Due by September 7, 2005  9. Election Campaign Financing Trust Fund Contribution.  |  |                                   |                            |   |   |  | \$5.00 May Be<br>Added to Fees                   |   |  |                                    |                             |                              |  |
| 10.  | Р  | OF                                | FICERS A                   | NO DIRE   | CTORS Delete  | 11.<br>Till  | E T  | ADDITION                                      | S/CHANGES TO OF  |                                    | DIRECTORS                   | S IN 11                      |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | CALMBACHER, WILLIAM A 3426 REYNOLDSWOOD DR SIR |                                   |                            |   |   |  | E<br>ET ADDRESS<br>'-ST-ZIP                      |   |  |                                    |                             |                              |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | 7012 WE  | DEBRAK<br>BBROAD<br>FL 33615      |                            |   | ☐ Deleta  | 1  | -  |   |  |                                    | Change                      | ☐ Addition                   |  |
| TITLE MAME STREET ADDRESS CITY-SI-JIP  |  |                                   |                            |   | ☐ Delete  | 1  | 1  |   |  |                                    | ☐ Change                    | ☐ Addition                   |  |
| INTLE NAME STREET ADDRESS CITY-ST-ZIP  |  |                                   |                            |   | ☐ Ogiste  |  | - 1  |   |  |                                    | Change                      | ☐ Addition                   |  |
| NAME STREET ADDRESS CITY-ST-ZIP  |  | <del></del> -                     |                            |   | ( ) Delets  |  |  |   |  |                                    | Change                      | Addition                     |  |
| TITLE NAME STREET ADDRESS CITY-S1-ZIP  |  |                                   |                            |   | ☐ Delete  | CIT  | AE<br>EET ADDRESS<br>7-ST-ZIP                    |   |  |                                    | ☐ Change                    | ☐ Addition                   |  |
| indicated<br>of the co   | on this rep<br>reporation or                   | ort or supplen<br>the receiver of | nental rep<br>or trustee c | ort is true<br>empowere                         | iffing does not qualify<br>and accurate and the<br>rd to execute this rep<br>all other like empower | at my signa<br>ort as requ                         | iture shafi have                                 | o the same legal eff<br>or 607, Florida State | ect as if made unde<br>ries; and that my nai                 | r oath; that I ar<br>me appears in | n an officer<br>Block 10 or | or director<br>r Block 11 if |  |
| SIGNATURE: NUNA 4. NCOTT 6/20/05 813884-6981   |  |                                   |                            |   |   |  |  |   |  |                                    | 981                         |                              |  |

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## CORPORATE PRINTING MANAGEMENT SERVICES, INC.

PO Box 260535 Tampa FL 33685-0535 813/263-8863 813/884-0538 Fax

June 30, 2005

Sean Toner
Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee FL 32314

Dear Sean,

Please find attached copies of letters we have received from your office. We originally sent the check in without the report form because we never received one, the check was returned and the form. The form was filled out (no changes) and sent back again with the check. As highlighted on the copies, if all was returned within 30 days of the first letter there would be no late fee, we complied but still received a notice that a \$400.00 late fee is due. I tried to call the numbers on the letters and either got a busy signal or a recording saying to call back in 30 minutes due to the volume of calls. I have talked to a few business associates who have also received cards about not filing these forms on time or not at all.

I did not realize until after the fact that you can now go on line, file the form, sign the form, and pay by credit card without being penalized. Please let us know what is needed to avoid this late fee, it is evident that there are a number of other business that have made this same mistake due to the change that has been made in the filing process.

Thank you for your cooperation in this matter.

Sincerely,

Debra K Scott

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