2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Secretary of State

03-10-2005 90141 040 ***150.00

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DOCUMENT # L42288

1. Entity Name
CONTINENTAL PRINTING SERVICES, INC.

Principal Place of Business
1529 CESERY BLVD.
JACKSONVILLE, FL 32211

Mailing Address
1529 CESERY BLVD.
JACKSONVILLE, FL 32211

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3061587 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DUDUIT, JAMES L
1529 CESERY BLVD
JACKSONVILLE, FL 32211

DO NOT WRITE IN THIS SPACE

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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	DUDUIT, JAMES
STREET ADDRESS	1529 CESERY BLVD
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	DS
NAME	DUDUIT, SHIRLEY
STREET ADDRESS	1529 CESERY BLVD.
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	VP
NAME	GERGANOUS, MITCH
STREET ADDRESS	1529 CESERY BLVD.
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	VP
NAME	KNIGHT, RONNIE
STREET ADDRESS	1529 CESERY BLVD.
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	VP
NAME	DUDUIT, J. MICHAEL
STREET ADDRESS	1529 CESERY BLVD.
CITY-ST-ZIP	JACKSONVILLE, FL 32211
TITLE	VP
NAME	KNIGHT, BARRY
STREET ADDRESS	1529 CESERY BLVD.
CITY-ST-ZIP	JACKSONVILLE, FL 32211

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: James L. Duduit Pres. 4-4-05 904 744 2466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #