


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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			
2. Principal Place of Business - No P.O. Box # N. 957 UNIVERSITY BLVD		3. Mailing Address SAME			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State JACKSONVILLE, FL.		City & State		4. FEI Number 59-3061587	
Zip 32211		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DUDUIT, JAMES L 1529 CESERY BLVD 957 UNIVERSITY BLVD. JACKSONVILLE, FL 32211				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 <u><i>James L. Duduit</i></u> 3-26-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT DUDUIT, JAMES 1529 CESERY BLVD 957 UNIVERSITY BLVD. N. JACKSONVILLE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200096442362 04/11/07--01016--011 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DUDUIT, SHIRLEY 1529 CESERY BLVD 957 UNIVERSITY BLVD. N. JACKSONVILLE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GERGANOUS, MITCH 1529 CESERY BLVD 957 UNIVERSITY BLVD. N. JACKSONVILLE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KNIGHT, RONNIE 1529 CESERY BLVD 957 UNIVERSITY BLVD. N. JACKSONVILLE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DUDUIT, J. MICHAEL 1529 CESERY BLVD 957 UNIVERSITY BLVD. N. JACKSONVILLE, FL 32211		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KNIGHT, BARRY 1529 CESERY BLVD 957 UNIVERSITY BLVD. N. JACKSONVILLE, FL 32211		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 <u><i>James L. Duduit</i></u> 3-26-07 9047442466 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

FILED

07 MAR 30 AM 9:00

CLERK OF STATE
TALLAHASSEE, FLORIDA



03262007 Chg-P CR2E034 (12/06)

Applied For

Not Applicable

FL

Zip Code

DATE

DATE

DATE

DATE

DATE

DATE

DATE

DATE

DATE

DATE

DATE

DATE

DATE

DATE

DATE

DATE

DATE

DATE

DATE

DATE

DATE

DATE

DATE

DATE

DATE

DATE

DATE