

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L47993**

1. Entity Name  
**PRINTRONICS, INC.**



Principal Place of Business  
**9974 SW 182ND CIRCLE  
DUNNELLON FL 34432 US**

Mailing Address  
**9974 SW 182ND CIRCLE  
DUNNELLON FL 34432 US**



03062006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-2986122**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**LYNCH, WILLIAM R  
9974 SW 182ND CIRCLE  
DUNNELLON, FL 34432**

**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, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LYNCH, WILLIAM, R 9974 SW 182ND CIRCLE DUNNELLON, FL 34432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LYNCH, HELEN, M 9974 SW 182ND CIRCLE DUNNELLON, FL 34431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000435211  
04/12/06 09074-019 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: *William R. Lynch* **William R. Lynch** **3-29-06** **(352) 522-003**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #