


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90219 035 ***150.00

DOCUMENT # L57292 1. Entity Name PROMOTIONAL RETAIL PRODUCTS, INC.			
Principal Place of Business 6120 POWERS AVE #10 JACKSONVILLE FL 32217 US		Mailing Address 6120-10 POWERS AVE JACKSONVILLE FL 32217 US	
2. Principal Place of Business <i>6047 St Augustine Rd</i>		3. Mailing Address <i>6047 St Augustine Rd</i>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <i>JACKSONVILLE, FL</i>		City & State <i>JACKSONVILLE, FL</i>	
Zip <i>32217</i>		Zip <i>32217</i>	
Country <i>USA</i>		Country <i>USA</i>	
4. FEI Number 59-2997570		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STEPHENS, MARK V. 1602 PAECHTREE CIR SOUTH JACKSONVILLE FL 32207		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <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, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		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 D	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STEPHENS, MARK V.		NAME 	
STREET ADDRESS 1602 PEACHTREE CIRCLE SOUTH		STREET ADDRESS 	
CITY - ST - ZIP JACKSONVILLE FL		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, without other like empowered.			
SIGNATURE: <i>Mark V. Stephens</i>		Date 4-21-06 (904) 733-0020	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	



1st MOORE CR2E034 (10/05)