


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90247 003 \*\*\*150.00

DOCUMENT # L77035 1. Entity Name CLASSIC PRINTING CENTER, INC.	
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Principal Place of Business 4534 CURRY FORD RD. ORLANDO, FL 32812 US	Mailing Address 4534 CURRY FORD RD. B ORLANDO, FL 32812 US
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**DO NOT WRITE IN THIS SPACE**



02132006 No Chg-P CR2E034 (11/05)

4. FEI Number 62-1434367	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MISHAW, ROSEMARY  
4119 MONARCH DRIVE  
ORLANDO, FL

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	D MILLER, PATRICIA A. 1755 BONITA AVE 2412 Tack Room Lane #8 ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, DANIEL W. 1755 BONITA AVE 2412 Tack Room Lane #8 ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, RANDALL S. 4923 SOUTHFORK RANCH DR 2713 Timber Lake Dr ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: Patricia A. Miller Secretary Date: 2-15-06 Daytime Phone #: 407 277-4789