

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000005339

1. Entity Name
GREAT PURPLE HAIRSTREAK PRESS, INC.



Principal Place of Business
**105 SOUTH COVE BLVD
PANAMA CITY, FL 32401**

Mailing Address
**105 SOUTH COVE BLVD
PANAMA CITY, FL 32401**



01072005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
42-1615666

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MCWILLIAMS, MARK D ESQ
C/O ERIK EDWARD JOH, P.A.
4600 NORTH OCEAN BLVD STE 206
BOYNTON BEACH, FL 33435**

**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 reinstalling)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **WALLACE, ARNOLD L**
STREET ADDRESS **4483 KELSON**
CITY-ST-ZIP **MARIANNA, FL 32446**

TITLE **D**
NAME **POWELL, BETTE A**
STREET ADDRESS **105 SOUTH COVE BLVD**
CITY-ST-ZIP **PANAMA CITY, FL 32401**

TITLE **D**
NAME **LAPENSOHN, CAROLE P**
STREET ADDRESS **15211 HWY 77**
CITY-ST-ZIP **SOUTHPORT, FL 32409**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000183955
01/20/05-80010-018 61.25

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IN THIS SPACE**

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 617, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/05 850.262.0800
Date Daytime Phone #