

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 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



01132006 No Chg-NP

CR2E037 (11/05)

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

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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

**Filing Fee is \$61.25
Due by May 1, 2006**

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

000000389978
01/23/06-80007-001 \$1.25

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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 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: Bette A Powell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-13-06 840.265.0800

BETTE A POWELL