
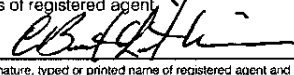
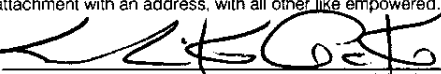


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 04, 2005 8:00 am**  
**Secretary of State**

03-04-2005 90075 014 \*\*\*150.00

<b>DOCUMENT # P00000016875</b> 1. Entity Name <b>CONVERGENT LABEL TECHNOLOGY, INC.</b>					
Principal Place of Business <b>620 WARE BLVD.</b> <b>TAMPA, FL 33619 US</b>			Mailing Address <b>620 WARE BLVD.</b> <b>TAMPA, FL 33619 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 2029</b> Suite, Apt. #, etc.			
City & State <b>ST. PETERSBURG FLORIDA</b>		City & State <b>ST. PETERSBURG FLORIDA</b>		4. FEI Number <b>52-2220387</b>	
Zip <b>33742</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>EBEL, THOMAS W</b> <b>620 WARE BLVD.</b> <b>TAMPA, FL 33619</b>				7. Name and Address of New Registered Agent Name <b>GARCIA, BETZ, P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>888 EXECUTIVE CENTER DR. W</b> <b>SUITE 101</b> City <b>ST. PETERSBURG</b> <b>FL</b> Zip Code <b>33702</b>	
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  <b>C. Burt Linthicum, CPA</b> <b>2/25/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>PRICE, SYBIL VP</b> <b>618 WARE BLVD.</b> <b>TAMPA, FL 33619</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO <b>LLOYD, GRAHM</b> <b>618 WARE BLVD.</b> <b>TAMPA, FL 33619</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>LEMAY, JOHN</b> <b>127 PUBLIC SQUARE, 28TH FLOOR</b> <b>CLEVELAND, OH 441141306</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ECFO <b>SEFCIK, TOM</b> <b>618 WARE BLVD.</b> <b>TAMPA, FL 33619</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPS <b>CLARKE, MICHAEL</b> <b>618 WARE BLVD.</b> <b>TAMPA, FL 33619</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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: 			<b>FEB 25 / 05</b> <b>813-523-4187</b> <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					