

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90112 031 ***150.00

DOCUMENT # P00000020825

1. Entity Name

BRICK CITY PRINTER SERVICES, INC.



Principal Place of Business

202 SW 33RD AVENUE
SUITE D
OCALA FL 34474

Mailing Address

202 SW 33RD AVENUE
SUITE D
OCALA FL 34474



2. Principal Place of Business - No P.O. Box #

951 NE 16th Street

3. Mailing Address

951 NE 16th Street

Suite, Apt. #, etc.

Unit E

Suite, Apt. #, etc.

Unit E

1st MOORE

CR2E034 (10/07)

City & State

Ocala, Florida

City & State

Ocala, Florida

4. FEI Number

59-3628128

Applied For

Not Applicable

Zip

34470

Country

Marion

Zip

34470

Country

Marion

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AVERY, DEBRA
202 SW 33RD AVE STE D
OCALA FL 34474

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Debra L. Avery President → SAME

4-21-08

Signature of individual or printed name of registered agent (if not applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME AVERY, DEBRA L
STREET ADDRESS 202 SW 33RD AVE., SUITE D
CITY-ST-ZIP Ocala FL 34474 ☐ Delete

TITLE V
NAME AVERY, DONALD L
STREET ADDRESS 202 SW 33RD AVE., SUITE D
CITY-ST-ZIP Ocala FL 34474 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

Debra L. Avery President

4/21/08

352-351-3050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #