

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000020825

FILED
Apr 23, 2009
Secretary of State

Entity Name: BRICK CITY PRINTER SERVICES, INC.

Current Principal Place of Business:

951 NE 16TH ST UNIT E
OCALA, FL 34470

New Principal Place of Business:

951 NE 16TH ST
UNIT E
OCALA, FL 34470

Current Mailing Address:

951 NE 16TH ST UNIT E
SUITE D
OCALA, FL 34470

New Mailing Address:

951 NE 16TH ST
UNIT E
OCALA, FL 34470

FEI Number: 59-3628128

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

AVERY, DEBRA L
951 NE 16TH ST
UNIT E
OCALA, FL 34470 US

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.

SIGNATURE: DEBRA L AVERY

04/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: AVERY, DEBRA L
Address: 202 SW 33RD AVE., SUITE D
City-St-Zip: OCALA, FL 34474

Title: V () Delete
Name: AVERY, DONALD L
Address: 202 SW 33RD AVE., SUITE D
City-St-Zip: OCALA, FL 34474

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: AVERY, DEBRA L
Address: 951 NE 16TH ST , UNIT E
City-St-Zip: OCALA, FL 34470

Title: V (X) Change () Addition
Name: AVERY, DONALD L
Address: 951 NE 16TH ST , UNIT E
City-St-Zip: OCALA, FL 34470

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBRA L AVERY

P

04/23/2009

Electronic Signature of Signing Officer or Director

Date