2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000004463

1. Entity Name
ABC PRINTING & SIGNS INC.



FILED Feb 28, 2005 8:00 am Secretary of State

02-28-2005 90189 021 ***150.00

ABOTINI	vinto a dicito, inc.			
Principal Plac 1307 LPGA E DAYTONA BE		Mailing Address 1307 LPGA BLVD DAYTONA BEACH, FL 32	117	·.
Principal P	lace of Business	3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01242005 Chg-P CR2E034 (10/03)
City & Stat	e	City & State		4. FEI Number Applied For 59-3693216 Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	- 6Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered Agent
SPANOS, MARY 1307 LPGA BLVD DAYTONA BEACH, FL 32117				Address (P.O. Box Number is Not Acceptable)
			City	D L Zip Code
8. The above	named entity submits this statement f	or the purpose of changing its re	gistered office of	or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE.	ions of redistered agent.	·	lin laket	2-22-05
	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE: 4	egistered Agent signat	nature required when reinstating) DATE
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550	9. Election Campaigr Trust Fund Contrib		\$5.00 May Be Added to Fees
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS	P SPANOS, MARY 1307 LPGA BLVD	Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addilion
CITY+ST-ZIP TITLE	DAYTONA BEACH, FL 32117	□ Delete	CITY-ST-ZIP	President Change Addition
NAME STREET ADDRESS CITY-ST-ZIP		L Delete	NAME STREET ADDRESS CITY-ST-ZIP	Brian M. Porter
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delele	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addilion
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change · ☐ Addition
TITLE	 	☐ Delete	TITLE	

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 a changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X Jan 14

x2-22-05

386-253-5442