


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2006 8:00 am
Secretary of State

02-22-2006 90006 026 ***150.00

DOCUMENT # P01000020524 1. Entity Name ABBEY PRINTING OF ST. PETE BEACH, INC.					
Principal Place of Business 6640 GULF BLVD ST PETE BEACH, FL 33706			Mailing Address 6640 GULF BLVD ST PETE BEACH, FL 33706		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3700553	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAYNES, DEBRA G 6640 GULF BLVD ST PETE BEACH, FL 33706			7. Name and Address of New Registered Agent Name Debra G. Barber Street Address (P.O. Box Number is Not Acceptable) 6640 Gulf Blvd City St. Pete Beach FL Zip Code 33706		
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 <u>Debra G. Haynes</u> 2/9/06 <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYNES, DEBRA G 6300 2 AVE N ST PETE BEACH, FL 33710 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Barber, Debra G. 6300 2 AVE N <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Barber, Debra G. 6312 Pelican Creek Crossing St Pete, FL 33707 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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: <u>Debra G. Barber</u>			2/9/06		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

ATTACHMENT

Department of Health • Vital Statistics

STATE OF FLORIDA

MARRIAGE RECORD

TYPE IN UPPER CASE

USE BLACK INK

This license not valid unless seal of Clerk,
Circuit or County Court, appears thereon.

60020901

(STATE FILE NUMBER)

#P01060020524

2005 ML 617148

(APPLICATION NUMBER)

APPLICATION TO MARRY

1. GROOM'S NAME (First, Middle, Last) CHRISTOPHER ALLEN BARBER			2. DATE OF BIRTH (Month, Day, Year) 11/07/1956	
3a. RESIDENCE - CITY, TOWN, OR LOCATION ST PETERSBURG	3b. COUNTY PINELLAS	3c. STATE FL	4. BIRTHPLACE (State or Foreign Country) SOUTH DAKOTA	
5a. BRIDE'S NAME (First, Middle, Last) DEBRA G HAYNES		5b. MARDEN SURNAME (if different) ZAMMIT	6. DATE OF BIRTH (Month, Day, Year) 05/25/1957	
7a. RESIDENCE - CITY, TOWN, OR LOCATION ST PETERSBURG	7b. COUNTY PINELLAS	7c. STATE FL	8. BIRTHPLACE (State or Foreign Country) MICHIGAN	

WE, THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF GROOM (Sign full name using black ink)

Christopher Allen Barber

10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE)

12/15/2005

11. TITLE OF OFFICIAL
DEPUTY CLERK

12. SIGNATURE OF OFFICIAL (Sign black ink)

Debra G. Haynes

13. SIGNATURE OF BRIDE (Sign full name using black ink)

Debra G. Haynes

14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE)

12/15/2005

15. TITLE OF OFFICIAL
DEPUTY CLERK

16. SIGNATURE OF OFFICIAL (Sign black ink)

Debra G. Haynes

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17. COUNTY ISSUING LICENSE PINELLAS	18. DATE LICENSE ISSUED 12/15/2005	19a. DATE LICENSE EFFECTIVE 12/18/2005	19. EXPIRATION DATE 02/16/2006
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20a. SIGNATURE OF COURT CLERK OR JUDGE

Ken Burke

20b. TITLE

CLERK OF CIRCUIT COURT

20c. BY O.C.

H E

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

21. DATE OF MARRIAGE (Month, Day, Year)

12-28-05

22. CITY, TOWN, OR LOCATION OF MARRIAGE

ST PETERSBURG,

23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink)

Peggy J. Pulgarinowski-Watrous

23c. ADDRESS (Of person performing ceremony)

775 115th AVE THUNDERBOLT, FL 33706

23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY

(Or notary stamp)



My Commission 06231456

Expires October 04, 2007

24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink)

Walter J. Watrous

25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink)

Walter J. Watrous

SEAL

STATE OF FLORIDA - PINELLAS COUNTY

I hereby certify that the foregoing is
a true copy as the same appears among
the files and records of this court.
This 28th day of December, 2005

KEN BURKE
Clerk of Circuit Court

By:
Deputy Clerk

