


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

02-07-2008 90024 003 ***150.00

DOCUMENT # P01000091957
 1. Entity Name
PRINTERSADS.COM, INC.



Principal Place of Business Mailing Address
8825 FAWN RIDGE DRIVE **8825 FAWN RIDGE DRIVE**
FORT MYERS FL 33912 **FORT MYERS FL 33912**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
1515 MUREX DR. **1515 MUREX DR.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
NAPLES, FL **NAPLES, FL**
 Zip Country Zip Country
34102 **USA** **34102** **USA**

4. FEI Number Applied For
04-3602134 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 \$8.75

6. Name and Address of Current Registered Agent
STOBB, WALTER
8825 FAWN RIDGE DRIVE
FORT MYERS FL 33912

7. Name and Address of New Registered Agent
 Name: **STOBB, WALTER**
 Street Address (P.O. Box Number is Not Acceptable):
1515 MUREX DR.
 City: **NAPLES** FL Zip Code: **34102**

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: *Walter Stobb* DATE: **Jan 28, 2008**
Signature, typed or printed name of registered agent and date of application. (NOTE: Registered Agent signature required when re-appointing.) 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 \$5.00 May Be Added to Fees
 Trust Fund Contribution:

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
	WM STOBB, WALTER	8825 FAWN RIDGE DRIVE	FORT MYERS FL 33912	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	WM STOBB, WALTER	1515 MUREX DR.	NAPLES, FL 34102	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Walter Stobb* DATE: **Jan 28, 2008** (239) 262-7771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #