


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01560**  
 1. Entity Name  
**WHITEHALL PRINTING COMPANY**



Principal Place of Business      Mailing Address  
**4244 CORPORATE SQUARE**      **4244 CORPORATE SQUARE**  
**NAPLES FL 34104**                      **NAPLES FL 34104**  
**US**



1st MOORE      CR2E034 (10/05)

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.                      Suite, Apt. #, etc.

City & State                              City & State

Zip      Country                      Zip      Country

4. FCI Number      Applied For  
**36-2420248**                       Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HIRSCH, EMIL G**  
**4244 CORPORATE SQUARE**  
**NAPLES FL 34104**

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      Signature typed or printed name of registered agent and (file if applicable)      (NOTE: Registered Agent signature required when reinstalling)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing      **\$5.00** May :  
 Trust Fund Contribution.            Added to Fees

10. OFFICERS AND DIRECTORS		
TITLE	CTD	<input type="checkbox"/> Delete
NAME	HIRSCH, MYRON A.	
STREET ADDRESS	4244 CORPORATE SQUARE	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	HIRSCH, EMIL G.	
STREET ADDRESS	4244 CORPORATE SQUARE	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HIRSCH, HARRIET	
STREET ADDRESS	4244 CORPORATE SQUARE	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HIRSCH, JEFFREY W.	
STREET ADDRESS	4244 CORPORATE SQUARE	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 02/07/06-80023-013 158.75

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:**  **EMIL G. HIRSCH**      1-24-2006      239-643-6467

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #