


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2006 8:00 am
Secretary of State

08-29-2006 90003 033 ***550.00

DOCUMENT # P03000019306					
1. Entity Name INFOPRINT, INC.					
Principal Place of Business 10529 CHARLES TERRACE FT MYERS, FL 33907			Mailing Address 10529 CHARLES TERRACE FT MYERS, FL 33907		
2. Principal Place of Business 11529 CHARLES TER			3. Mailing Address 11529 CHARLES TER		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State FT MYERS FL			City & State FT MYERS FL		
Zip 33907		Country USA		Zip 33907	
		Country USA		4. FEI Number 32-0057410	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent					
HELM, JOHN A 9416 SPRINGVIEW LOOP ESTERO, FL 33928					
7. Name and Address of New Registered Agent					
Name RICHARD W TREDER JR Street Address (P.O. Box Number is Not Acceptable) 5244 CEDARBEND DR City FT MYERS FL Zip Code 33928					
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 RICHARD W TREDER JR R W T 8/4/06 <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 \$550.00 Due by September 6, 2006			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HELM, JOHN A <input type="checkbox"/> Delete 9416 SPRINGVIEW LOOP ESTERO, FL 33928				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TREDER, RICHARD W JR <input type="checkbox"/> Delete 5244 CEDARBEND DR #4 FT MYERS, FL 33919				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition RICHARD W TREDER JR 5244 CEDARBEND DR FT MYERS FL 33928				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition JOHN A HELM 9416 SPRINGVIEW LOOP ESTERO FL 33928				
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"/> Change <input type="checkbox"/> Addition				
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: RICHARD W TREDER JR R W T 8/4/06 234-931-9880 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40102018



07312006 Chg-P CR2E034 (11/05)