

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000034859**

1. Entity Name  
**DOLPHIN PRINTING & DESIGN, INC.**



Principal Place of Business      Mailing Address

**13 RIVERDALE LANE**      **13 RIVERDALE LANE**  
**PALM COAST, FL 32164**      **PALM COAST, FL 32164**



02142006    No Chg-P    CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. F.E.I. Number      Applied For  
**65-1181392**       Not Applicable

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

6. Name and Address of Current Registered Agent

**MOCKEL, ARLENE**  
**13 RIVERDALE LANE**  
**PALM COAST, FL 32164**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when substituting)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

DATE: **03/14/06-80051-014 158.75**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MOCKEL, ARLENE
STREET ADDRESS	13 RIVERDALE LANE
CITY-ST-ZIP	PALM COAST, FL 32164
TITLE	D
NAME	MOCKEL, KEVIN
STREET ADDRESS	13 RIVERDALE LANE
CITY-ST-ZIP	PALM COAST, FL 32164
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: Kevin Mockel      3/1/06      386-437-4616

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