

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000053205

Entity Name: ALACHUA PRINTING, INC.

FILED
Jan 25, 2005
Secretary of State

Current Principal Place of Business:

15281 N.W. US HWY 441
SUITE 10
ALACHUA, FL 32615

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1329
ALACHUA, FL 32616

New Mailing Address:

FEI Number: 56-2359313

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOOD, LEO F
5517 N.W. 99TH TERRACE
GAINESVILLE, FL 32653 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HOOD, LEO F
Address: 5517 N.W. 99TH TERRACE
City-St-Zip: GAINESVILLE, FL 32653

Title: VO () Delete
Name: HOOD, BARBARA J
Address: 5517 N.W. 99TH TERRACE
City-St-Zip: GAINESVILLE, FL 32613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: HOOD, BARBARA J
Address: 5517 N.W. 99TH TERRACE
City-St-Zip: GAINESVILLE, FL 32653

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEO F. HOOD

PRES

01/25/2005

Electronic Signature of Signing Officer or Director

Date