2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Jan 10, 2005 8:00 am
Secretary of State
01-10-2005 90016 037 ***158.75

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01042005 Chg-P CR2E034 (10/03)

DOCUMENT # P03000084713

1. Entity Name
POINCIANA PRINT & PUBLISHING, INC.

Principal Place of Business	Mailing Address
855 TOWNE CENTER DRIVE POINCIANA, FL 34759	855 TOWNE CENTER DRIVE POINCIANA, FL 34759

2. Principal Place of Business		3. Mailing Address	
941 Armstrong Blvd.		941 Armstrong Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Kissimmee, FL		City & State: Kissimmee, FL	
Zip: 34741	Country: USA	Zip: 34741	Country: USA

4. FEI Number: 55-0842575 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FISH, CHERYL A
941 ARMSTRONG BOULEVARD
KISSIMMEE, FL 34741

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPST FISH, CHERYL A 855 TOWNE CENTER DRIVE POINCIANA, FL 34759	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 941 Armstrong Blvd. Kissimmee, FL 34741
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: Cheryl A Fish 1/4/05 407-933-1795
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #