

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000092398

1. Entity Name
ADVANCED PRINTER SERVICE, INC.



Principal Place of Business
2785 SAFESHelter DR E
JACKSONVILLE, FL 32225

Mailing Address
2785 SAFESHelter DR E
JACKSONVILLE, FL 32225

DO NOT WRITE IN THIS SPACE

**FILED
Apr 10, 2006 08:00 AM
Secretary of State**



04062006 No Chg-P CR2E034 (11/05)

4. FEI Number, 42-1603944	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KELLY, TIMOTHY P.P.A.
1016 LASALLE STREET
JACKSONVILLE, FL 32207

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

**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**

10.

OFFICERS AND DIRECTORS

TITLE	D
NAME	FISHER, JEFFREY
STREET ADDRESS	3333 MONUMENT ROAD, SUITE 711
CITY-ST-ZIP	JACKSONVILLE, FL 32225

000000436990
04/22/06-80035-009 150.

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Jeffrey Fisher*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-06 988-693-3323
Date Daytime Phone #