

# 2006 ~~FOR~~ PROFIT CORPORATION ANNUAL REPORT

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

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



04062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number,  
42-1603944

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$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 reinstating)

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

TITLE  
NAME  
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CITY-ST-ZIP

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04/22/06-80035-009 150.

**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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-06 944-895-3323  
Date Daytime Phone