2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000117529

1. Entity Name
24/7 LABEL CO.

Principal Place of Business	Mailing Address
4960 SW 52ND ST STE 416 DAVIE, FL 33314	4960 SW 52ND ST STE 416 DAVIE, FL 33314

DO NOT WRITE IN THIS SPACE

50037844

04012005   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
47-0934186		Not Applicable

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

6. Name and Address of Current Registered Agent

MURPHY, RALPH
2881 HIDDEN HOLLOW LN
DAVIE, FL 33328

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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 4-12-05

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

TITLE	P
NAME	MURPHY, MARY J
STREET ADDRESS	4960 SW 52ND ST, #416
CITY-ST-ZIP	DAVIE, FL 33314

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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: _____ Pres.   4-12-05   954-792-2239

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