

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90081 024 ***150.00

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DOCUMENT # P04000039291 1. Entity Name EVI PRINTING, INC.																																											
Principal Place of Business 10901 BURNT MILL RD SUITE 1004 JACKSONVILLE, FL 32256		Mailing Address 10901 BURNT MILL RD SUITE 1004 JACKSONVILLE, FL 32256																																									
2. Principal Place of Business 804 Crestwood Dr		3. Mailing Address 804 Crestwood Dr																																									
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																																									
City & State St. Augustine, FL		City & State St. Augustine, FL																																									
Zip 32086		Zip 32086																																									
Country USA		Country USA																																									
4. FEI Number 20-0841766		Applied For <input type="checkbox"/> Not Applicable																																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																									
6. Name and Address of Current Registered Agent LESLIE, ELI Y 10901 BURNT MILL RD STE 1004 JACKSONVILLE, FL 32256		7. Name and Address of New Registered Agent Name Leslie, Eli Y. Street Address (P.O. Box Number is Not Acceptable) 804 Crestwood Dr. City St Augustine FL Zip Code 32086																																									
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 <u><i>Eli Y Leslie</i></u> DATE <u>01/03/2006</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> P LESLIE, ELI Y 10901 BURNT HILL RD #1004 JACKSONVILLE, FL 32256 </td> </tr> <tr> <td></td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LESLIE, ELI Y 10901 BURNT HILL RD #1004 JACKSONVILLE, FL 32256		<input checked="" type="checkbox"/> Delete																	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> P LESLIE, ELI Y. 804 Crestwood Dr. St Augustine, FL 32086 </td> </tr> <tr> <td></td> <td style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LESLIE, ELI Y. 804 Crestwood Dr. St Augustine, FL 32086		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																
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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: <u><i>Eli Y. Leslie</i></u> Date <u>01/03/2006</u> Daytime Phone # <u>904-794-0921</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																											