## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

SIGNATURE: <u>Trene Parmentier</u> <u>June Parmento</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED Jan 23, 2006 8:00 am Secretary of State 01-23-2006 90051 036 \*\*\*150.00

239-574-34/4 Daytime Phone #

/-/3-06 Date

DOCUMENT # P04000123061  1. Entity Name STINGER PRINT & GRAPHICS, INC.							UUUU		30 IS	3.00
Principal Place of Business 1309 SE8TH SIPPET CAPE COPAL, FL 33990 US			Mailing Address 1309 SE8TH STIFET OFFE COPAL, FL 33990 US		3					
2. Principal Place of Business  307 DEL PRADO N.  Suite, Apt. #, etc. # —			3. Mailing Address 307 DEL PRADO N. Suite, Apt. #, etc. 1 —							
Suite, Apt. #, etc. # 5  CALE COLAL FL			City & State		Γ.	01092006 4. FEI Numb		CH2E0	34 (11/05) Ap	plied For
Zip 3390		Country  LEE	CATE CORAL 33909	Count	FL FE	20-152 5. Certificate	of Status Desired		\$8.75 Add	
6. Name and Address of Current I						7. Name and	Address of New Re		Fee Required Agent	3
DADMENT	TIED IDE			Name						
PARMENT 19414 TAF N. FORT M	RPON WO	ODS CT		Street Address (			er is Not Acceptable	:)		
Ť.,	·	· · · · · · · · · · · · · · · · · · ·		City				Zip Code	e	
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										
		FEE IS \$150.00 6 Fee will be \$550.0	n Finan oution.		00 May Be ed to Fees					
10.		OFFICERS AND D	DIRECTORS	11.		ADDITIONS	/CHANGES TO OFFI	ICERS AND	DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	19414 TA	TIER, IRENE RPON WOODS CT MYERS, FL 33903							☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OLBRICH 1309 SE 8 CAPE CO							<u> </u>	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREE					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	B .					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	☐ Addıtion
12. I hereby certify that the information supplied with this filling 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.										