

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90125 022 ***150.00

DOCUMENT # P04000152822					
1. Entity Name COLORPRINT 77 CORP					
Principal Place of Business 4118 10 TH AVE NORTH LAKE WORTH, FL 33461			Mailing Address 4118 10 TH AVE NORTH LAKE WORTH, FL 33461		
2. Principal Place of Business 15505 ENSTRON ROAD		3. Mailing Address 15505 ENSTRON ROAD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State WELLINGTON, FL		City & State WELLINGTON, FL		4. FEI Number 20-1853608	
Zip 33414		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FRANKLIN, ELLIOTT 2777 S CONGRESS AVE LAKE WORTH, FL 33461			7. Name and Address of New Registered Agent Name: DEAN HOLLEY Street Address (P.O. Box Number is Not Acceptable): 15505 ENSTRON ROAD City: WELLINGTON FL Zip Code: 33414		
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: 4/29/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOLLEY, DEAN 4118 10 TH AVE NORTH LAKE WORTH, FL 33461	P (ADDRESS CHANGE) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DEAN 15505 ENSTRON RD. WELLINGTON, FL 33414			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: DATE: 4/29/05 DAYTIME PHONE #: 561-493-9383 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					