2007 FOR PROFIT CORPORATION. ANNUAL REPORT

Feb 13, 2007 08:00 AM **Secretary of State DOCUMENT # P05000051176** 1. Entity Name AREA PRINTING, INC. Principal Place of Business Mailing Address 1389 ROBINHOOD LANE 1389 ROBINHOOD LANE DUNEDIN, FL 34698 DUNEDIN, FL 34698 No Chg-P CR2E034 (11/05) 01312007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2654998 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PHILLIPS, DONALD G DO NOT WRITE 1389 ROBINHOOD LANE DUNEDIN, FL 34698 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS D TITLE PHILLIPS, DONALD G NAME 1389 ROBINHOOD LANE STREET ADDRESS U00000634150 CITY-ST-ZIP DUNEDIN, FL 34698 02/21/07-80093-018 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 witb an address, with all other like ampowered.

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donald G. Phillips

2/6/17

Daytime Phone #

FILED