## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 23, 2007 08:00 A Secretary of State

ANNUAL REPORT				Secretary of St			
DOCUMENT # P05000070978  1. Entity Name				В	CCI CIAI	yurs	
ROBERT J. ALBERT PRINTING SER	VICE, INC.						
Principal Place of Business	Mailing Address						
5150 ULMERTON ROAD	5150 ULMERTON ROAD						
CLEARWATER, FL 33760	CLEARWATER, FL 33760		 		12    <b>21</b>    83  6   1  6   1	66)	
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	The state of the s			Status Desired	\$8.75 Fee Rec	Additional	
6. Name and Address of Current R	egistered Agent		4 1,	agree of the to	the same of the	,	
BRUNO, MICHAEL			* 00	NOT W	RITE		
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8. The above named entity submits this statement for	the purpose of changing its registe	red office or register	ed agent, or both	, in the State of Flo	rida. Lam familiar	with, and accept	
the obligations of registered agent.							
SIGNATURE	d title if applicable (NOTE Register	ed Agent signature requirer	twhen reinstating)		DATE	-	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.0	S. Election Campaign Fina     Trust Fund Contribution		.00 May Be ed to Fees			<b>.</b>	
10. OFFICERS AND D	DIRECTORS	The second of	per per silving.	A Comment of			
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NAME ALBERT, ROBERT SIRLEI ADDRESS 7660 16TH AVENUE NORTH		The second of the					
CITY-SI-ZIP ST PETERSBURG, FL 33710		1 5 2 5 5 6 7 6	enies in gracij	dra jour			
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NAME ALBERT, RAYMOND		β		A . " FE	de .	•	
STREET ADDRESS 760 16TH AVENUE NORTH CITY STATE STREET 33710			· DO.	NOT W	RITE		
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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 of the corporation of the receiver of the corporation of 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 of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the corp

SIGNATURE

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

O OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

18/07 (127) 572-555