

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90125 046 ***150.00

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01152006 Chg-P CR2E034 (11/05)

DOCUMENT # P05000110814 1. Entity Name PRINTED JUST RIGHT !!! INC.					
Principal Place of Business 3701-5 ST. JOHNS INDUSTRIAL PARKWAY W. JACKSONVILLE, FL 32246			Mailing Address 3701-5 ST. JOHNS INDUSTRIAL PARKWAY W. JACKSONVILLE, FL 32246		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number <div style="border: 1px solid black; padding: 2px; display: inline-block; font-family: monospace; font-size: 1.2em;">20-3263629</div> <div style="float: right; text-align: right;"> Applied For <input type="checkbox"/> Not Applicable </div>	
City & State		City & State			
Zip Country		Zip Country			
6. Name and Address of Current Registered Agent RAMSAIER, PAUL J III 3966 CHICORA WOOD PLACE JACKSONVILLE, FL 32224				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <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	DPT RAMSAIER, PAUL J III 3966 CHICORA WOOD PLACE JACKSONVILLE, FL 32224 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS RAMSAIER, KIMBERLY A 3966 CHICORA WOOD PLACE JACKSONVILLE, FL 32224 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Paul Ramsaier</i> PAUL J. RAMSAIER III 4-18-06 904-854-8005			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		