

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000110814

**FILED**  
**Jan 25, 2012**  
**Secretary of State**

**Entity Name:** PRINTED JUST RIGHT !!! INC.

**Current Principal Place of Business:**

3701-5 ST. JOHNS INDUSTRIAL PARKWAY W.  
JACKSONVILLE, FL 32246

**New Principal Place of Business:**

**Current Mailing Address:**

3701-5 ST. JOHNS INDUSTRIAL PARKWAY W.  
JACKSONVILLE, FL 32246

**New Mailing Address:**

**FEI Number:** 20-3263629

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RAMSAIER, PAUL J III  
3966 CHICORA WOOD PLACE  
JACKSONVILLE, FL 32224 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DPT  
Name: RAMSAIER, PAUL J III  
Address: 3966 CHICORA WOOD PLACE  
City-St-Zip: JACKSONVILLE, FL 32224

Title: DVPS  
Name: RAMSAIER, KIMBERLY A  
Address: 3966 CHICORA WOOD PLACE  
City-St-Zip: JACKSONVILLE, FL 32224

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PAUL J. RAMSAIER III

DPT

01/25/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date