

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90031 023 ***158.75

DOCUMENT # P06000020274

1. Entity Name
PRINTING & DESIGN SOLUTIONS, INC.



Principal Place of Business
**266 WILSHIRE BLVD STE 135
CASSELBERRY, FL 32707**

Mailing Address
**115 HAZEL PATH STE 3
HENDERSON, TN 37075**

50001004



2. Principal Place of Business - No P.O. Box #
115 HAZEL PATH

3. Mailing Address
242 W MAIN ST

Suite, Apt. #, etc.
SUITE 4

Suite, Apt. #, etc.
#190

01042007 Chg-P CR2E034 (12/06)

City & State
HENDERSONVILLE, TN

City & State
HENDERSONVILLE, TN

4. FEI Number
20-4292728

Applied For
Not Applicable

Zip
37075

Country
USA

Zip
37075

Country
USA

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145**

7. Name and Address of New Registered Agent

Name
ANGELA SUDDARTH
Street Address (P.O. Box Number is Not Acceptable)
8234 AMBROSE COVE
City
ORLANDO FL Zip Code
32819

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/15/07

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
SUDDARTH, ANGELA
266 WILSHIRE BLVD STE 135
CASSELBERRY, FL 32707** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Angela Suddarth ☒ Change ☐ Addition
8234 Ambrose Cove
Orlando, FL 32819

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/07

Date

615-447-1424

Daytime Phone #