

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000128053

FILED  
Apr 02, 2012  
Secretary of State

Entity Name: PRINT RESOURCES OF JACKSONVILLE, INC

**Current Principal Place of Business:**

14951 WALDEN SPRINGS WAY  
NO. 508  
JACKSONVILLE, FL 32258 US

**New Principal Place of Business:**

**Current Mailing Address:**

14951 WALDEN SPRINGS WAY  
NO. 508  
JACKSONVILLE, FL 32258 US

**New Mailing Address:**

FEI Number: 20-5684580      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

HOLCOMB, BRIAN P  
14951 WALDEN SPRINGS WAY  
NO. 508  
JACKSONVILLE, FL 32258 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: P  
Name: HOLCOMB, BRIAN P  
Address: 14951 WALDEN SPRINGS WAY, NO. 508  
City-St-Zip: JACKSONVILLE, FL 32258 US

Title: VP  
Name: ELLINGER, KURT  
Address: 1500 E. RIVERSIDE DRIVE  
City-St-Zip: INDIANAPOLIS, IN 46202 US

Title: TRES  
Name: BROWNING, TIM  
Address: 1500 E. RIVERSIDE DRIVE  
City-St-Zip: INDIANAPOLIS, IN 46202 US

Title: SEC  
Name: HOLCOMB, JOEY T  
Address: 14951 WALDEN SPRINGS WAY, NO. 508  
City-St-Zip: JACKSONVILLE, FL 32258 US

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: BRIAN P HOLCOMB

PRES

04/02/2012

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

\_\_\_\_\_ Date