


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90136 042 ***150.00

DOCUMENT # P93000036314	
1. Entity Name THE PRINTERY FAMILY, INC.	

Principal Place of Business 1519 CAPITAL CIRCLE NE, # 32 TALLAHASSEE FL 32308	Mailing Address P O BOX 12009 TALLAHASSEE FL 32317 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/07)

4. FEI Number 59-3185040		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent O'STEEN, J C 346 OFFICE PLAZA TALLAHASSEE FL 32301		7. Name and Address of New Registered Agent Name The Thrasher Law Firm - Elwin Thrasher Street Address (P.O. Box Number is Not Acceptable) 908 North Gadsden Street Phone 224-8685 City Tallahassee FL Zip Code 32303	
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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 nominating)
Signature, typed or printed name of registered agent and title, if applicable. DATE

FILE NOW!!! - FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HODGE, JORY L 1519 CAPITAL CIRCLE NE TALLAHASSEE FL 32308 <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	SD HODGE, JACK J 1519 CAPITAL CIRCLE NE TALLAHASSEE FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Date

Daytime Phone #