


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 11, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000051234**  
 1. Entity Name  
**GREAT WESTERN SCREEN PRINTING, INC.**



Principal Place of Business      Mailing Address  
**2211 2ND AVE N #5**      **2211 2ND AVE N #5**  
**LAKE WORTH FL 33461**      **LAKE WORTH FL 33461**  
**US**      **US**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

1st **MOORE**      **CR2E034 (10/05)**

4. FEI Number      **65-0425743**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**HAMM, KAYLEEN A**  
**221 2ND AVE N #5**  
**LAKE WORTH FL 33461**

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**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input type="checkbox"/> Delete	NAME HAMM, KAYLEEN A	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add	
STREET ADDRESS 2211 2ND AVE N #5	CITY-ST-ZIP LAKE WORTH FL		
TITLE <input type="checkbox"/> Delete	NAME		
STREET ADDRESS	CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete	NAME		
STREET ADDRESS	CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete	NAME		
STREET ADDRESS	CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete	NAME		
STREET ADDRESS	CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete	NAME		
STREET ADDRESS	CITY-ST-ZIP		

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: *Kayleena Hamm*      **4-7-2006**      **561-588-5386**