

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90856 019 ***150.00

DOCUMENT # P93000069292 1. Entity Name EXPRESS PRINTING CENTER, INC.					
Principal Place of Business 4011 W. LINEBAUGH TAMPA, FL 33624 US			Mailing Address 4011 W. LINEBAUGH TAMPA, FL 33624 US		
2. Principal Place of Business - No P.O. Box # 2355 Raden Drive Suite, Apt. #, etc.		3. Mailing Address 2355 Raden Drive Suite, Apt. #, etc.			
City & State Land O' Lakes, Florida Zip Country 34639 US		City & State Land O' Lakes, Florida Zip Country 34639 US		4. FEI Number 59-3205595	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent TOWSON, JOHN 4011 W. LINEBAUGH TAMPA, FL 33624					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2355 Raden Drive City State Zip Code Land O' Lakes, FL 34639					
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: John Towson April 27, 2007 <small>Signature, typed or printed name of officer or director and date if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPTS TOWSON, JOHN 4011 W. LINEBAUGH TAMPA, FL 33624 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	2355 Raden Drive Land O' Lakes, Florida 34639 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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 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: John Towson, President April 27, 2007 (813) 969-2001 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					