


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90101 004 \*\*\*150.00

|   |                                   |   |  |   |  |
|---|-----------------------------------|---|--|---|--|
| <b>DOCUMENT # P94000007201</b><br>1. Entity Name<br><b>UNI-SOURCE PRINTING COMPANY</b>  |                                   |   |  |                |  |
| Principal Place of Business<br><b>11561 NW 25TH STREET<br/>PLANTATION, FL 33323</b>   |                                   |   | Mailing Address<br><b>11561 NW 25TH STREET<br/>PLANTATION, FL 33323</b>  |   |  |
| 2. Principal Place of Business  |                                   | 3. Mailing Address  |  |   |  |
| Suite, Apt. #, etc.   |                                   | Suite, Apt. #, etc.   |  |   |  |
| City & State  |                                   | City & State  |  | 4. FEI Number<br><b>65-0463346</b>  |  |
| Zip   |                                   | Country   |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| Zip   |                                   | Country   |  | Applied For<br>Not Applicable   |  |
| 6. Name and Address of Current Registered Agent   |                                   |   | 7. Name and Address of New Registered Agent  |   |  |
| <b>HORTON, JAMES H III<br/>11561 NW 25TH STREET<br/>PLANTATION, FL 33323</b>  |                                   |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |   |  |
| 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 _____   |                                   |   |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>   |                                   | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>  |  |
| 10. OFFICERS AND DIRECTORS  |                                   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |  |
| TITLE   | D <input type="checkbox"/> Delete |   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME  | <b>HORTON, JAMES H III</b>        |   | NAME   |   |  |
| STREET ADDRESS  | <b>11561 NW 25TH STREET</b>       |   | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   | <b>PLANTATION, FL 33323</b>       |   | CITY-ST-ZIP  |   |  |
| TITLE   | <input type="checkbox"/> Delete   |   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME  |                                   |   | NAME   |   |  |
| STREET ADDRESS  |                                   |   | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   |                                   |   | CITY-ST-ZIP  |   |  |
| TITLE   | <input type="checkbox"/> Delete   |   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME  |                                   |   | NAME   |   |  |
| STREET ADDRESS  |                                   |   | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   |                                   |   | CITY-ST-ZIP  |   |  |
| TITLE   | <input type="checkbox"/> Delete   |   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME  |                                   |   | NAME   |   |  |
| STREET ADDRESS  |                                   |   | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   |                                   |   | CITY-ST-ZIP  |   |  |
| TITLE   | <input type="checkbox"/> Delete   |   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME  |                                   |   | NAME   |   |  |
| STREET ADDRESS  |                                   |   | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   |                                   |   | CITY-ST-ZIP  |   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>X James H Horton III</i>  |                                   |   | <b>JAMES H HORTON III</b> 4-11-2005 954 797-7861   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                                   |   | Date Daytime Phone #   |   |  |