

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P94000031585

1. Entity Name  
DIGITAL PREP, INC.



Principal Place of Business  
3550 SPRING PARK ROAD  
JACKSONVILLE, FL 32207 US

Mailing Address  
3550 SPRING PARK ROAD  
SUITE 221  
JACKSONVILLE, FL 32207 US



04272006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3237175

Applied For

Not Applicable

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

**6. Name and Address of Current Registered Agent**

FREEDMAN, NORMAN I.  
13313 LONG CYPRESS TRAIL  
JACKSONVILLE, FL 32223

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

U00000558878  
05/17/06-80114-020 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	FREEDMAN, NORMAN I
STREET ADDRESS	13313 LONG CYPRESS TRAIL
CITY - ST - ZIP	JACKSONVILLE, FL 32223
TITLE	D
NAME	FREEDMAN, JUDITH R
STREET ADDRESS	13313 LONG CYPRESS TRAIL
CITY - ST - ZIP	JACKSONVILLE, FL 32223
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Norman Freedman, President*  
4/28/06 904 3483429