



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90065 047 \*\*\*150.00

<b>DOCUMENT # P94000038967</b> 1. Entity Name <b>SOUTHWEST PRINTING AND DESIGN, INC.</b>					
Principal Place of Business <b>513 LAKEBRIDGE DR. ORMOND BEACH, FL 32174</b>				Mailing Address <b>513 LAKEBRIDGE DR. ORMOND BEACH, FL 32174</b>	
2. Principal Place of Business <b>1843 Taylor Rd</b> Suite, Apt. #, etc. <b>Port Orange</b> City & State <b>FL</b> Zip <b>32128</b>		3. Mailing Address <b>1843 Taylor Rd.</b> Suite, Apt. #, etc. City & State <b>Port Orange, FL</b> Zip <b>32128</b>			
Country <b>Volusia</b>		Country <b>Volusia</b>		01302006 Chg-P CR2E034 (11/05)	
4. FEI Number <b>59-3248120</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SILVERS, MARILYN 513 LAKEBRIDGE DR. ORMOND BEACH, FL 32174</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	PS <b>SILVERS, MARILYN</b> <b>513 LAKEBRIDGE DR</b> <b>ORMOND BEACH, FL</b> <b>1843 Taylor Rd</b> <b>Port Orange FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <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: <u><i>Marilyn Silvers</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3-8-06 386 763-9456 <small>Date Daytime Phone #</small>		

Marilyn Silvers