

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 29, 2004 8:00 am
Secretary of State

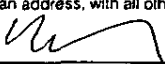
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07082004 Chg-P CR2E034 (10/03)

DOCUMENT # P94000078651			
1. Entity Name PRINT AMERICA, INC.			
Principal Place of Business 2500 N POWERLINE RD POMPAHO BEACH, FL 33069 US		Mailing Address 2500 N POWERLINE RD POMPAHO BCH, FL 33069 US	
2. Principal Place of Business 1318 N. MILITARY TRAIL		3. Mailing Address 1318 N. MILITARY TRAIL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State WEST PALM BEACH, FLORIDA		City & State WEST PALM BEACH, FLORIDA	
Zip 33409	Country USA	Zip 33409	Country USA
4. FEI Number 65-0530801		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Name - KRIEG, MITCHELL		Name - KRIEG, MITCHELL	
Street Address (P.O. Box Number is Not Acceptable) 2500 N POWERLINE RD POMPAHO BCH, FL 33069		Street Address (P.O. Box Number is Not Acceptable) 1318 N. MILITARY TRAIL	
City WEST PALM BEACH FL Zip Code 33409		City WEST PALM BEACH FL Zip Code 33409	
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 <u>MITCHELL KRIEG</u> DATE <u>7/12/04</u> Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reappointing)			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRIEG, MITCHELL 2500 N POWERLINE RD POMPAHO BCH, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITCHELL KRIEG 1318 N. MILITARY TRAIL WEST PALM BEACH, FL 33409 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: <u></u>		Date <u>7/12/04</u> Daytime Phone # <u>561-242-9911</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			