## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 13, 2006 08:00 AM Secretary of State DOCUMENT # P94000087992 DESCO PRINTING, INC. Principal Place of Business sserbbA gnillisM 3347 HWY 60 E 3347 HWY 60 E VALRICO, FL 33594 VALRICO, FL 33594 US CR2E034 (11/05) 03202006 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3294533 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WESTLAKE, ROBERT G 4110 CONCORD WAY DO NOT WRITE PLANT CITY, FL 33567 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, typed or printed name of registered egent and title if applicable. DATE (NOTE. Registered Agent signature required when refrestiting) 8. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 *U00000506352* Trust Fund Contribution. Added to Fees 27/06-8/019-004 OFFICERS AND DIRECTORS 10 TITLE WESTLAKE, ROBERT G NAME 4110 CONCORD WAY STREET ADDRESS CITY-ST-ZIP PLANT CITY, FL 33567 TITLE WESTLAKE, PHYLLIS NAME 4110 CONCORD WAY STREET ADDRESS CITY-ST-ZIP PLANT CITY, FL 33567 TILLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE RAME

12. Thereby certify that the information supplied with this filling does not quality 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 it 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. changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP II7≀E NAME STREET ADDRESS CATY-ST-ZW

NAME OF SIGNING OFFICER OR DIRECTOR

4-11-04

FILED