

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000039516

Entity Name: ABBA PRINTING COMPANY, INC.

**FILED**  
**Mar 31, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

7755 DEERWOOD POINT PLACE  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 551156  
JACKSONVILLE, FL 322551156

**New Mailing Address:**

FEI Number: 59-3321882

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COLD, KATHLEEN H  
ONE INDEPENDENT DRIVE  
SUITE 2301  
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: WOODS, WILLIAM E  
Address: 532 SAMPLES ST  
City-St-Zip: JACKSONVILLE, FL 32204

Title: D  
Name: WOODS, SHARON L  
Address: 532 SAMPLES ST  
City-St-Zip: JACKSONVILLE, FL 32204

Title: D  
Name: RITCHEY, WANDA  
Address: 1330 SPEAKER DRIVE  
City-St-Zip: AUBURNDAL, FL 33823

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM E WOODS

PRES

03/31/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date