

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2008 08:00 AM
Secretary of State

DOCUMENT # P95000085198

1. Entity Name
SPEEDY PRINTING EXPRESS, INC.



Principal Place of Business
5239 W. BROWARD BLVD.
PLANTATION, FL 33317 US

Mailing Address
5239 W. BROWARD BLVD.
PLANTATION, FL 33317 US



05282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1766922

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HOLSCHAUER, HOWARD
7761 NW 4TH ST
PLANTATION, FL 33324

**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 \$550.00
Due by September 12, 2008**

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

U000000952634
06/04/08-80086-016 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME HOLSCHAUER, ELLEN J
STREET ADDRESS 5239 WEST BROWARD BLVD
CITY-ST-ZIP PLANTATION, FL 33317

TITLE D
NAME HOLSCHAUER, RUBEN A
STREET ADDRESS 5239 WEST BROWARD BLVD
CITY-ST-ZIP PLANTATION, FL 33317

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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 #

5/08 954-581-2611