

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000002207

1. Entity Name

FULFILLMENT PARTNERS, INC.



Principal Place of Business

997 W. KENNEDY BLVD., #A15
ORLANDO, FL 32810

Mailing Address

997 W. KENNEDY BLVD., #A15
ORLANDO, FL 32810



01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3361857

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

CRAIG, FRANK E
2820 NORFOLK ROAD
ORLANDO, FL 32803

**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 \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CRAIG, FRANK E JR.
STREET ADDRESS	2820 NORFOLK RD
CITY-ST-ZIP	ORLANDO, FL 32803
TITLE	ST
NAME	HOLZWORTH, MARY
STREET ADDRESS	123 BERKSHIRE CIRCLE
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000438031
02/28/06-80071-022 150.00

**DO NOT WRITE
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:

Mary Holzworth
Mary Holzworth

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/06 407-660-8606

Daytime Phone #