



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 04, 2008 8:00 am**  
**Secretary of State**

09-04-2008 90045 027 \*\*\*150.00

<b>DOCUMENT # P96000019960</b> 1. Entity Name <b>VILLAGE PRINTING, INC.</b>					
Principal Place of Business <b>627 BREVARD AVENUE COCOA, FL 32922</b>			Mailing Address <b>627 BREVARD AVENUE COCOA, FL 32922</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		06132008    Chg-P    CR2E034 (12/06)	
Zip    Country		Zip    Country		4. FEI Number <b>59-3372582</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  <b>CORRIDAN, PATRICK 627 BREVARD AVENUE COCOA, FL 32922</b>			<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>NEAD, DONALD L</b> <b>305 ISLAND BEACH BLVD.</b> <b>MERRITT ISLAND, FL 32952</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>PATRICK CORRIDAN</b> <b>245 EAST LAUREN COURT</b> <b>MERRITT ISLAND, FL 32952</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>RYAN CORRIDAN</b> <b>245 EAST LAUREN COURT</b> <b>MERRITT ISLAND, FL 32952</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>DEVIN CORRIDAN</b> <b>245 EAST LAUREN COURT</b> <b>MERRITT ISLAND, FL 32952</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>9-2-08</b> <small>Date</small>		<b>321-632-0574</b> <small>Daytime Phone #</small>