2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2008 8:00 am
Secretary of State

02-08-2008 90042 008 ***150.00

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1. Entity Name

VICKMOORE SCREEN PRINTING, INC.

Principal Place of Business	Mailing Address
5115 W. KNOX STREET TAMPA FL 33634 US	5115 W. KNOX STREET TAMPA FL 33634 US
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E034 (10/07)

4. FEI Number 59-3394899 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VICKERS, NORMAN JR 5115 W KNOX STREET TAMPA FL 33634	Name: Patricia Vickers Street Address (P.O. Box Number is Not Acceptable): 5115 W. Knox Street City: Tampa FL Zip Code: 33634

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: Patricia A. Vickers DATE: 1/31/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: DPTS NAME: NORMAN VICKERS JR STREET ADDRESS: 5115 W. KNOX STREET CITY-ST-ZIP: TAMPA FL 33634	☒ Delete	TITLE: DPTS NAME: Patricia Vickers STREET ADDRESS: 5115 W. Knox Street CITY-ST-ZIP: Tampa, FL 33634	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Patricia A. Vickers 3/4/08 813-249-0653

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #