FILED
May 03, 2006 08:00 AM
Secretary of State

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000029612

1. Entity Name
ADMIRAL PRINTING, INC.

Principal Place of Business	Mailing Address
5412 PROVOST DRIVE UNIT 12 HOLIDAY, FL 34690 US	5412 PROVOST DRIVE UNIT 12 HOLIDAY, FL 34690 US

DO NOT WRITE IN THIS SPACE

042120001 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3189075
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SITTON, PARNELL
5412 PROVOST DRIVE, UNIT 12
HOLIDAY, FL 34690

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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: _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (If Registered Agent signature required when not filing)

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	PVPT
NAME	SITTON, PARNELL
STREET ADDRESS	5412 PROVOST DRIVE, UNIT 12
CITY-ST-ZIP	HOLIDAY, FL 34690
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
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CITY-ST-ZIP	

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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: Parnell Sitton 4-28-2006 727-378-9589
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, OFFICER OR DIRECTOR — Date — Daytime Phone #