

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000033888

FILED
Mar 25, 2009
Secretary of State

Entity Name: IMPRINT INDIE PRINTING, INC.

Current Principal Place of Business:

3449 TECHNOLOGY DR.
UNIT 212
NORTH VENICE, FL 34275

New Principal Place of Business:

Current Mailing Address:

3449 TECHNOLOGY DR.
UNIT 212
NORTH VENICE, FL 34275

New Mailing Address:

FEI Number: 65-0760117

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

T&H COMPTROLLERS, INC.
200 CAPRI ISLES BLVD.
STE. 2
VENICE, FL 34292 US

Name and Address of New Registered Agent:

WALTER, ROSSMANN N VP
5330 CITADEL RD
VENICE, FL 34293 US

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.

SIGNATURE: WALTER ROSSMANN

03/25/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ROSSMANN, WALTER
Address: 5330 CITADEL RD.
City-St-Zip: VENICE, FL 34293

Title: D () Delete
Name: CHALAIRE, BRETT
Address: 724 EVEREST RD.
City-St-Zip: VENICE, FL 34293

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER ROSSMANN

DIR

03/25/2009

Electronic Signature of Signing Officer or Director

Date