

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

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1. Entity Name
R. A. PRINTING, INC.



Principal Place of Business
8640 PHILLIPS HIGHWAY STE. 2
JACKSONVILLE, FL 32256

Mailing Address
8640 PHILLIPS HIGHWAY STE. 2
JACKSONVILLE, FL 32256



01072005

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4. FEI Number
59-3456115

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 □□□□□□□□
□□□□□□□□

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

COPELAND, ROSEMARY
8640 PHILLIPS HIGHWAY, SUITE 2
JACKSONVILLE, FL 32256

**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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 □□□□□□
□□□□□□□□

U000000182547
01/19/05-80032-017 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME COPELAND, ARCH
STREET ADDRESS 6173 BELLE RIVE COURT
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE D
NAME COPELAND, ROSEMARY
STREET ADDRESS 6173 BELLE RIVE COURT
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE D
NAME COPELAND, JOSEPH
STREET ADDRESS 10292 TRIPLE CROWN AVE
CITY-ST-ZIP JACKSONVILLE, FL 32257

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Rosemary Copeland ROSEMARY COPELAND, DIRECTOR 01/12/2005 904-733-5578

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #