## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P98000062605

1. Entity Name

ENGRAVING AND ETCHING SPECIALTIES, INC.



Mailing Address Principal Place of Business

3609 SW 23RD STREET FT. LAUDERDALE, FL 33312 3609 SW 23RD STREET FT. LAUDERDALE, FL 33312

## **FILED** Mar 31, 2006 08:00 AM Secretary of State



03282006

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0854119

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

WOOD, THEODORE P 3609 SW 23RD STREET FT. LAUDERDALE, FL 33312

## DO NOT WRITE IN THIS SPACE

				***	THO OT NOL	
	named entity submits this statement for the prions of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title i	acolicable INOTE Registered	Agent signaturi	e required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finance Trust Fund Contribution.		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS			<u> </u>	
TITLE NAME STREET ADDRESS CXTY -ST - 27P	D WILLIAMS, WENDY 3609 SW 23RD STREET FT. LAUDERDALE, FL 33312				U00000486546 04/13/06 80042-012 150.00	
TITLE NAME STRELI ADDRESS CITY-SI-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			
HITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. Thereby	certify that the information supplied with this fi	fing does not qualify for the exe	mptions co	ntained in Chapter 11	9, Florida Statutes, I further certify that the information	

Thereby certify that the information supplied with this litting does not quality for the exemptions contained in Chapter 119, Florida Statutes. In other leads of the component of 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 of director of the component 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:

Mulhing SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

WENDY WILLIAMS

954-792-8198