# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 06, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # P98000093501

1. Entity Name
MASTER PRINTING SERVICES, INC.

Principal Place of Business
5054 TOULON DR.
ORLANDO, FL 32839

Mailing Address
PO BOX 593433
ORLANDO, FL 32869-3433

02082006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3543895

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SNEERINGER, CARL E
5054 TOULON DR
ORLANDO, FL 32839

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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 Carl E. Sneeringer 3/1/06
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, 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 | D |
| NAME | SNEERINGER, CARL E |
| STREET ADDRESS | 5054 TOULON DR. |
| CITY-ST-ZIP | ORLANDO, FL 32839 |
| TITLE | |
| NAME | |
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03/16/06-01011-012 158.75

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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: Carl E. Sneeringer 3/1/06 407-474-2337 cell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Business 407-849-7400