2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000080012

1. Entity Name
ENCOMPASS PRINT GROUP, INC.

Principal Place of Business	Mailing Address
3384 PHILIPS HIGHWAY JACKSONVILLE, FL 32207 US	3384 PHILIPS HIGHWAY JACKSONVILLE, FL 32207 US

DO NOT WRITE IN THIS SPACE

01162008   No Chg-P   CR2E034 (11/05)

4. FEI Number 59-3598643	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

MANN, SHEILA
8219 KENSINGTON SQUARE
JACKSONVILLE, FL 32217

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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_____

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, 2008 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	LATO, JESSICA P	
STREET ADDRESS	13027 FRINGETREE DR E	
CITY-ST-ZIP	JACKSONVILLE, FL 32246	
TITLE	D	
NAME	MANN, SHEILA	
STREET ADDRESS	8219 KENSINGTON SQUARE	
CITY-ST-ZIP	JACKSONVILLE, FL 32217	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
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: _Sheila Man_   1-30-08   904-399-8204

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #