


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2005 08:00 AM
Secretary of State

DOCUMENT # G22753
 1. Entity Name
 ADVERCOLOR PRESS, INC.



Principal Place of Business Mailing Address
 460 W. 83RD STREET 460 W. 83RD STREET
 C/O WILLIAM R. KONCHAK C/O WILLIAM R. KONCHAK
 HIALEAH, FL 33014 HIALEAH, FL 33014



DO NOT WRITE IN THIS SPACE

01072005 No Chg-P CR2E034 (10/03)


4. FEI Number Applied For
 59-2258673 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 KONCHAK, WILLIAM H.
 460 W. 83RD STREET
 HIALEAH, FL 33014

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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  04-21-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) 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 May Be Added to Fees


10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	KONCHAK, ERIC A.
STREET ADDRESS	460 W. 83RD STREET
CITY-ST-ZIP	HIALEAH, FL
TITLE	STD
NAME	KNIGHT, KATHY
STREET ADDRESS	460 W. 83RD STREET
CITY-ST-ZIP	HIALEAH, FL
TITLE	PD
NAME	KONCHAK, WILLIAM H.
STREET ADDRESS	460 W. 83RD STREET
CITY-ST-ZIP	HIALEAH, FL
TITLE	VD
NAME	KONCHAK, CLIFFORD R.
STREET ADDRESS	460 W. 83RD STREET
CITY-ST-ZIP	HIALEAH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000326231
 04/23/05-80047-017 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  04-21-05 305-82164
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #