

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2007 08:00 AM
Secretary of State

DOCUMENT # P95000063690



1. Entity Name
CF GRAPHICS & PRINTING SUPPLIES, INC.

Principal Place of Business

**5207 RENOIR DR.
 ORLANDO, FL 32818 US**

Mailing Address

**5207 RENOIR DR.
 ORLANDO, FL 32818 US**



02072007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3330260	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
 643 ALMERIA AVENUE
 CORAL GABLES, FL 33134**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KUENKELE, WILLIAM
STREET ADDRESS	5207 RENOIR DR.
CITY-ST-ZIP	ORLANDO, FL 32818

TITLE	ST
NAME	FLORES, CARMEN
STREET ADDRESS	5207 RENOIR DR.
CITY-ST-ZIP	ORLANDO, FL 32818

TITLE	V
NAME	MAINES, MARILYN
STREET ADDRESS	2500 LEE ROAD
CITY-ST-ZIP	WINTER PARK, FL 32789

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE
 IN THIS SPACE**

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: *William Kuenkele*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/07

Date

407-521-1616

Daytime Phone #