

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000044683			
1. Entity Name ADVANTAGE GRAPHICS, INC.			
Principal Place of Business 2267 IVY AVENUE FORT MYERS, FL 33907		Mailing Address 2267 IVY AVENUE FORT MYERS, FL 33907	
DO NOT WRITE IN THIS SPACE			
			
		03102004 No Chg-P CR2E034 (10/03)	
4. FEI Number 65-0840260		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOLROYD, ROBERT E 2267 IVY AVENUE FT. MYERS, FL 33919		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, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		U000000112618 04/14/04-80030-020 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST HOLROYD, ROBERT E 2267 IVY AVENUE FORT MYERS, FL 33907	DO NOT WRITE IN THIS SPACE	
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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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date _____ Daytime Phone # _____	