## **FILED** 2005 FOR PROFIT CORPORATION Apr 18, 2005 08:00 AM Secretary of State **ANNUAL REPORT DOCUMENT # P98000044683** 1. Entity Name ADVANTAGE GRAPHICS, INC. Principal Place of Business Mailing Address 2267 IVY AVENUE 2267 IVY AVENUE FORT MYERS, FL 33907 FORT MYERS, FL 33907 03052005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0840260 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent HOLROYD, ROBERT E DO NOT WRITE 2267 IVY AVENUE FT. MYERS, FL 33919 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS **PVST** TITLE NAME HOLROYD, ROBERT E STREET ADDRESS 2267 IVY AVENUE CITY-ST-77P FORT MYERS, FL 33907 000000312153 04/18/05-80075-004 150.00 TITLE NAME STREET ADDRESS CiTY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 amy ddress, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY - ST - ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/05

Daytime Phone #