


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 08:00 AM
Secretary of State

DOCUMENT # F82738	
1. Entity Name AMPERSAND GRAPHICS, INC.	

Principal Place of Business 340 SE SEVILLE STREET STUART, FL 34994-9189	Mailing Address P.O. BOX 2189 STUART, FL 34995 US
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DO NOT WRITE IN THIS SPACE



03072005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2193557	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CLARK, DENNIS W
340 SE SEVILLE ST.
STUART, FL 34994**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement to the registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of the

SIGNATURE _____ DATE _____

(NOTE: Registered Agent signature required when reinstalling)

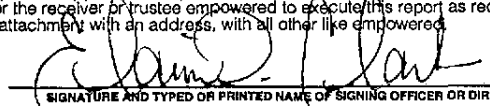
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CLARK, DENNIS W 340 SE SEVILLE ST. STUART, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CLARK, ELAINE D 340 SE SEVILLE ST. STUART, FL 34994
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03/10/05-80032-024 150.00

**DO NOT WRITE
IN THIS SPACE**

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 an address, with all other like empowered.

SIGNATURE:  **3-7-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3-7-05** Daytime Phone #