
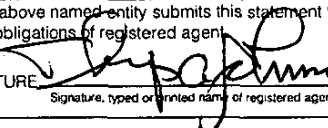
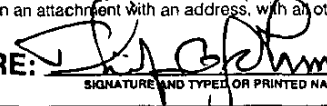


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90081 045 \*\*\*150.00

<b>DOCUMENT # 239977</b> 1. Entity Name <b>WILLARD GRAPHICS, INC.</b>					
Principal Place of Business <b>PO BOX 566299</b> <b>MIAMI, FL 33256</b>			Mailing Address <b>PO BOX 566299</b> <b>MIAMI, FL 33256</b>		
2. Principal Place of Business <b>7520 SW 58 AVE</b>			3. Mailing Address 		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>SOUTH MIAMI, FL</b>			City & State		
Zip <b>33143</b>		Country		Zip 	
Country		Country		4. FEI Number <b>59-0916794</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>JOHNSON, PHILIP</b> <b>230 VINTAGE CIRCLE #103</b> <b>NAPLES, FL 34119</b>			7. Name and Address of New Registered Agent Name <b>PHILIP JOHNSON</b> Street Address (P.O. Box Number is Not Acceptable) <b>7520 SW 58 AVE</b> City <b>SOUTH MIAMI</b> <b>FL</b> Zip Code <b>33143</b>		
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  <b>PHILIP JOHNSON PRESIDENT</b> DATE <b>3/26/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE <b>D</b> NAME <b>JOHNSON, KEVIN</b> STREET ADDRESS <b>2999 NW 32 AVENUE</b> CITY-ST-ZIP <b>MIAMI, FL</b>	<input type="checkbox"/> Delete		TITLE <b>D</b> NAME <b>KEVIN JOHNSON</b> STREET ADDRESS <b>800 LAUREL OAK DR. SUITE 400</b> CITY-ST-ZIP <b>NAPLES, FL 34108</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>STD</b> NAME <b>SCHAEFER, LYNNE</b> STREET ADDRESS <b>2999 NW 32 AVE.</b> CITY-ST-ZIP <b>MIAMI, FL</b>	<input type="checkbox"/> Delete		TITLE <b>STD</b> NAME <b>LYNNE SCHAEFER</b> STREET ADDRESS <b>12085 SW 85 AVE</b> CITY-ST-ZIP <b>MIAMI, FL 33156</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>D</b> NAME <b>JOHNSON, CHRISTOPHER R</b> STREET ADDRESS <b>2999 NW 32 AVE</b> CITY-ST-ZIP <b>MIAMI, FL 33142</b>	<input type="checkbox"/> Delete		TITLE <b>D</b> NAME <b>CHRISTOPHER JOHNSON</b> STREET ADDRESS <b>7200 ALMEDA ROAD #325</b> CITY-ST-ZIP <b>HOUSTON, TX 77054-2147</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>PD</b> NAME <b>JOHNSON, PHILIP A</b> STREET ADDRESS <b>2999 NW 32 AVE</b> CITY-ST-ZIP <b>MIAMI, FL 33142</b>	<input type="checkbox"/> Delete		TITLE <b>PD</b> NAME <b>PHILIP A. JOHNSON</b> STREET ADDRESS <b>7520 SW 58 AVE</b> CITY-ST-ZIP <b>SOUTH MIAMI, FL 33143</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE 	<input type="checkbox"/> Delete		TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE 	<input type="checkbox"/> Delete		TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 an other like empowered.					
SIGNATURE:  <b>PHILIP JOHNSON</b> DATE <b>3/26/05</b> (305) 665-0933 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

40046256



02072005 Chg-P CR2E034 (10/03)