

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 239977**

1. Entity Name  
**WILLARD GRAPHICS, INC.**



Principal Place of Business  
**7520 SW 58 AVE  
SOUTH MIAMI, FL 33143**

Mailing Address  
**PO BOX 566299  
MIAMI, FL 33256**

**DO NOT WRITE IN THIS SPACE**



03082006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-0916794**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**JOHNSON, PHILIP  
7520 SW 58 AVE  
SOUTH MIAMI, FL 33143**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE **D**  
NAME **JOHNSON, KEVIN**  
STREET ADDRESS **800 LAUREL OAK DR SUITE 400**  
CITY-ST-ZIP **NAPLES, FL 34108**

TITLE **STD**  
NAME **SCHAEFER, LYNNE**  
STREET ADDRESS **12085 SW 65 AVE**  
CITY-ST-ZIP **MIAMI, FL 33156**

TITLE **D**  
NAME **JOHNSON, CHRISTOPHER R**  
STREET ADDRESS **7200 ALMEDA ROAD #325**  
CITY-ST-ZIP **HOUSTON, TX 770542147**

TITLE **PD**  
NAME **JOHNSON, PHILIP A**  
STREET ADDRESS **7520 SW 58 AVE**  
CITY-ST-ZIP **SOUTH MIAMI, FL 33143**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000489867  
04/18/06-80032-012 150.00

**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:** **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**3/13/06 305-665-0933**  
Date Daytime Phone #