2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 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

03252007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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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, 2007 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	

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04/09/07-80001-020 150.00

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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: PHILIP A. JOHNSON 3/29/07 305-665-0933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #