

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 239977

FILED  
Jan 09, 2008  
Secretary of State

Entity Name: WILLARD GRAPHICS, INC.

**Current Principal Place of Business:**

7520 SW 58 AVE  
SOUTH MIAMI, FL 33143

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 566299  
MIAMI, FL 33256

**New Mailing Address:**

FEI Number: 59-0916794

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: JOHNSON, KEVIN  
Address: 800 LAUREL OAK DR SUITE 400  
City-St-Zip: NAPLES, FL 34108

Title: STD ( ) Delete  
Name: SCHAEFER, LYNNE  
Address: 12085 SW 65 AVE  
City-St-Zip: MIAMI, FL 33156

Title: D ( ) Delete  
Name: JOHNSON, CHRISTOPHER R  
Address: 7200 ALMEDA ROAD #325  
City-St-Zip: HOUSTON, TX 770542147

Title: PD ( ) Delete  
Name: JOHNSON, PHILIP A  
Address: 7520 SW 58 AVE  
City-St-Zip: SOUTH MIAMI, FL 33143

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNNE SCHAEFER

STD

01/09/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date