

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90041 035 \*\*\*150.00

**DOCUMENT # 668473**

1. Entity Name  
**VISUALGRAPHICS DESIGN, INC.**



Principal Place of Business  
**1111 N WESTSHORE BLVD  
STE 201A  
TAMPA, FL 33607 US**

Mailing Address  
**1111 N WESTSHORE BLVD  
STE 201A  
TAMPA, FL 33607 US**

**50003890**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01202006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

**59-2081352**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KING, WILLIAM S. JR.  
1111 N WESTSHORE BLVD  
STE 201A  
TAMPA, FL 33607**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 reappointing)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete  
NAME **KING, WILLIAM S., JR.**  
STREET ADDRESS **1111 N WESTSHORE BLVD, STE 201A**  
CITY-ST-ZIP **TAMPA, FL**

TITLE **DIRECTOR** ☐ Change ☒ Addition  
NAME **JEANETTE J. KING**  
STREET ADDRESS **1111 N. WESTSHORE BLVD, STE 201A**  
CITY-ST-ZIP **TAMPA, FL 33607**

TITLE **D** ☐ Delete  
NAME **KRUEGER, DEBBIE R**  
STREET ADDRESS **1111 N WESTSHORE BLVD SUITE 201A**  
CITY-ST-ZIP **TAMPA, FL 33607**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **SLOTHOWER, TRUMAN H III**  
STREET ADDRESS **1111 N WESTSHORE BLVD SUITE 201A**  
CITY-ST-ZIP **TAMPA, FL 33607**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

**WILLIAM S. KING, JR.**

**3/17/2006**

**(813)  
289-4308**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #