

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2007 08:00 A
Secretary of State

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**



01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2081352

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**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 _____

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**

U000000690213
04/11/07-80067-013 150.00

10. OFFICERS AND DIRECTORS

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

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

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

TITLE D
NAME KING, JEANETTE J
STREET ADDRESS 1111 N. WESTSHORE BLVD, STE 201A
CITY-ST-ZIP TAMPA, FL 33607

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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

5/29/2007 (813) 289-9308

Date

Daytime Phone #