

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2004 8:00 am
Secretary of State

07-12-2004 90013 043 ***150.00

DOCUMENT # F02000000247

1. Entity Name
AMERIGRAPHX, CORP.



Principal Place of Business
**624 E. PARK AVENUE
LIBERTYVILLE, IL 60048**

Mailing Address
**624 E. PARK AVENUE
LIBERTYVILLE, IL 60048**

66430694



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07062004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FBI Number

36-3948349

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

**WHITING, PAUL L
1718 RICHARDSON PLACE
TAMPA, FL 33606**

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 reinstating)

DATE

**FILE NOW!! FEE IS \$550.00
Due by September 8, 2004**

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 ☐ Delete
NAME **PSTD**
STREET ADDRESS **WHITING, PHILIP M**
CITY- ST- ZIP **624 E. PARK AVENUE
LIBERTYVILLE, IL**

TITLE ☒ Change ☐ Addition
NAME **S/T/M**
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **KEEGAN, MICHAEL**
CITY- ST- ZIP **624 EAST PARK AVE
LIBERTYVILLE, IL 60048**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY- ST- ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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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 exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone

847-362-5656



Amerigraphx

Attachment

66430694

624 E. Park Avenue, Libertyville, Illinois 60048

July 21, 2004

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Amerigraphx, Corp
624 E. Park Avenue
Libertyville, IL 60048
Reference #: F02000000247

Dear Sir or Madam;

Attached is a copy of the notice dated July 14, 2004 along with the 2004 For Profit Corporation Annual Report that you returned to us. Please be advised that we did not receive any notification prior to the Notice of Intent to Dissolve. Therefore the \$400.00 late filing penalty does not apply.

Please adjust your records to reflect this. We thank you in advance for your cooperation in this matter.

Sincerely,

A handwritten signature in black ink that reads 'Michael T. Keegan'.

Michael T. Keegan, President
Amerigraphx, Corp.

Phone: 847-362-5656

Fax: 847-362-7788

Toll Free: 800-362-5667

Web Site: www.aphx.com