
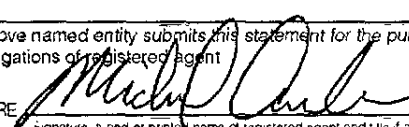
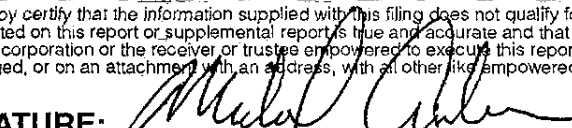


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 01, 2005 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                   |                                                              |                                                                                                                                                                                                                                       |                                                                                   |                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # F03000004472</b><br>1. Entity Name<br><b>MYCO GRAFIX, LTD. INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                   |                                                              |                                                                                                                                                                                                                                       |  |                                                                   |
| Principal Place of Business<br><b>1109 TAMIAMI TRAIL, UNIT 5<br/>PORT CHARLOTTE FL 33953</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                   |                                                              | Mailing Address<br><b>1109 TAMIAMI TRAIL, UNIT 5<br/>PORT CHARLOTTE FL 33953</b>                                                                                                                                                      |                                                                                   |                                                                   |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                   |                                                              | 3. Mailing Address                                                                                                                                                                                                                    |                                                                                   |                                                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                   |                                                              | Suite, Apt. #, etc.                                                                                                                                                                                                                   |                                                                                   |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                   |                                                              | City & State                                                                                                                                                                                                                          |                                                                                   |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                   | Country                                                      |                                                                                                                                                                                                                                       | Zip                                                                               |                                                                   |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                   | Country                                                      |                                                                                                                                                                                                                                       | 4. FEI Number<br><b>36-4167857</b>                                                |                                                                   |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                   |                                                              |                                                                                                                                                                                                                                       | Applied For<br>Not Applicable                                                     |                                                                   |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                   |                                                              |                                                                                                                                                                                                                                       | \$8.75 Additional Fee Required                                                    |                                                                   |
| 6. Name and Address of Current Registered Agent<br><br><b>ANDERSON, MICHAEL<br/>1109 TAMIAMI TRAIL, UNIT 5<br/>PORT CHARLOTTE FL 33953</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                   |                                                              | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |                                                                                   |                                                                   |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                   | MICHAEL ANDERSON                                             |                                                                                                                                                                                                                                       | 1-26-05                                                                           |                                                                   |
| Signature typed or printed name of registered agent and title if applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                   | (NOTE: Registered Agent signature required when reinstating) |                                                                                                                                                                                                                                       | DATE                                                                              |                                                                   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                   |                                                              | 9. Election Campaign Financing<br>Trust Fund Contribution. <input checked="" type="checkbox"/>                                                                                                                                        |                                                                                   |                                                                   |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                   |                                                              | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                                                                 |                                                                                   |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | PTD<br>ANDERSON, MICHAEL<br>1109 TAMIAMI TRAIL, UNIT 5<br>PORT CHARLOTTE FL 33953 | <input type="checkbox"/> Delete                              |                                                                                                                                                                                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | S<br>ANDERSON, RUTH<br>1109 TAMIAMI TRAIL, UNIT 5<br>PORT CHARLOTTE FL 33953      | <input type="checkbox"/> Delete                              |                                                                                                                                                                                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                   | <input type="checkbox"/> Delete                              |                                                                                                                                                                                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                   | <input type="checkbox"/> Delete                              |                                                                                                                                                                                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                   | <input type="checkbox"/> Delete                              |                                                                                                                                                                                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                   | <input type="checkbox"/> Delete                              |                                                                                                                                                                                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                   | MICHAEL ANDERSON                                             |                                                                                                                                                                                                                                       | 1-26-05 941-793-9100                                                              |                                                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                   | Date                                                         |                                                                                                                                                                                                                                       | Daytime Phone #                                                                   |                                                                   |