

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 08:00 AM
Secretary of State

DOCUMENT # F03000004472
 1. Entity Name
 MYCO GRAFIX, LTD. INC.



Principal Place of Business: 1109 TAMIAMI TRAIL, UNIT 5, PORT CHARLOTTE, FL 33953
 Mailing Address: 1109 TAMIAMI TRAIL, UNIT 5, PORT CHARLOTTE, FL 33953

DO NOT WRITE IN THIS SPACE



02192008 No Chg-P CR2E034 (11/05)
 4. FEI Number 36-4167857 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ANDERSON, MICHAEL
 1109 TAMIAMI TRAIL, UNIT 5
 PORT CHARLOTTE, FL 33953

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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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

000000959765
 04/02/08 88835 008 150.00

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	ANDERSON, MICHAEL
STREET ADDRESS	1109 TAMIAMI TRAIL, UNIT 5
CITY- ST- ZIP	PORT CHARLOTTE, FL 33953
TITLE	S
NAME	ANDERSON, RUTH
STREET ADDRESS	1109 TAMIAMI TRAIL, UNIT 5
CITY- ST- ZIP	PORT CHARLOTTE, FL 33953
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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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 persons empowered

SIGNATURE: Michael Anderson Michael Anderson 941-743-9100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #