

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 02, 2006 08:00 A**  
**Secretary of State**

**DOCUMENT # F03000005848**

1. Entity Name

LARRY'S GRAPHIC SERVICES, INC.



Principal Place of Business

228 BILBAO DRIVE  
ST. AUGUSTINE, FL 32086

Mailing Address

228 BILBAO DRIVE  
ST. AUGUSTINE, FL 32086



01042006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

58-1826666

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

EMARD, LAWRENCE W  
228 BILBAO DRIVE  
ST. AUGUSTINE, FL 32086

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE CPT  
NAME EMARD, LAWRENCE W  
STREET ADDRESS 228 BILBAO DRIVE  
CITY-ST-ZIP ST. AUGUSTINE, FL 32086

TITLE V  
NAME HANSELL, CATHERINE  
STREET ADDRESS 442 SUMMIT CLUB DRIVE  
CITY-ST-ZIP MARIETTA, GA 30068

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

LAWRENCE W. EMARD

2/24/06

(904) 797-9020