

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06946

Entity Name: MICROGRAPHICS, INC.

FILED  
Jan 04, 2005  
Secretary of State

## Current Principal Place of Business:

1925 N.W. 2ND STREET  
SUITE A  
GAINESVILLE, FL 32609

## New Principal Place of Business:

## Current Mailing Address:

1925 N.W. 2ND STREET  
SUITE A  
GAINESVILLE, FL 32609

## New Mailing Address:

FEI Number: 59-2039588

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HASWELL, JOHN H.  
211 N.E. 1ST STREET  
GAINESVILLE FL, FL 32601 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VT ( ) Delete  
Name: CRAIG, JAMES A,  
Address: MARTINS ISLAND 20804 NE 132ND AVE  
City-St-Zip: WALDO, FL 32694

Title: PCD ( ) Delete  
Name: CRAIG, PHYLIS,  
Address: MARTINS ISLAND 20804 NE 132ND AVE  
City-St-Zip: WALDO, FL 32694

Title: SV ( ) Delete  
Name: MEHRTENS, JENNIFER  
Address: 1019 NW 39TH DR  
City-St-Zip: GAINESVILLE, FL 32605

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SV (X) Change ( ) Addition  
Name: VAN HART, JENNIFER  
Address: 1019 NW 39TH DR  
City-St-Zip: GAINESVILLE, FL 32605

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHYLIS CRAIG

PCD

01/04/2005

Electronic Signature of Signing Officer or Director

Date