

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 08:00 A
Secretary of State

DOCUMENT # F98000004697

1. Entity Name
SPECIALTY GRAPHIC TECHNOLOGIES, INC.



Principal Place of Business
**3471 ATLANTA INDUSTRIAL PARKWAY
STE 100
ATLANTA, GA 30331 US**

Mailing Address
**3471 ATLANTA INDUSTRIAL PARKWAY
STE
ATLANTA, FL 30331 US**



01022008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-0813042

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**STORCH, CARL A
306 9TH AVENUE EAST
PALMETTO, FL 34221**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

UN00000865297

04/07/08-80023-004 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME STORCH, CARL A
STREET ADDRESS 306 9TH AVENUE EAST
CITY-ST-ZIP PALMETTO, FL 34221

TITLE S
NAME STORCH, LINDA
STREET ADDRESS 308 MILL POND RD
CITY-ST-ZIP ROSWELL, GA

TITLE CD
NAME STORCH, HERSCHEL
STREET ADDRESS 308 MILL POND RD
CITY-ST-ZIP ROSWELL, GA 30076

TITLE VD
NAME WILLIAMS, MARSHALL
STREET ADDRESS 5814 CROOKED CREEK
CITY-ST-ZIP NORCROSS, GA 30092

TITLE CFO
NAME STORCH, CARL A
STREET ADDRESS 306 9TH AVENUE EAST
CITY-ST-ZIP PALMETTO, FL 34221

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:

Linda Storch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/08 *678-244-0441*
Date Daytime Phone #