

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 23, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # G22753**

**1. Entity Name  
ADVERCOLOR PRESS, INC.**



**Principal Place of Business**

**460 W. 83RD STREET  
C/O WILLIAM R. KONCHAK  
HIALEAH, FL 33014**

**Mailing Address**

**460 W. 83RD STREET  
C/O WILLIAM R. KONCHAK  
HIALEAH, FL 33014**



**01072005 No Chg-P CR2E034 (10/03)**

**4. FEI Number  
59-2258673**

**Applied For  
Not Applicable**

**5. Certificate of Status Desired**



**\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**KONCHAK, WILLIAM H.  
460 W. 83RD STREET  
HIALEAH, FL 33014**

**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 reinstalling)**

**DATE**

**04-21-05**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

**9. Election Campaign Financing  
Trust Fund Contribution.**



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

**10. OFFICERS AND DIRECTORS**

**TITLE VD  
NAME KONCHAK, ERIC A.  
STREET ADDRESS 460 W. 83RD STREET  
CITY-ST-ZIP HIALEAH, FL**

**TITLE STD  
NAME KNIGHT, KATHY  
STREET ADDRESS 460 W. 83RD STREET  
CITY-ST-ZIP HIALEAH, FL**

**TITLE PD  
NAME KONCHAK, WILLIAM H.  
STREET ADDRESS 460 W. 83RD STREET  
CITY-ST-ZIP HIALEAH, FL**

**TITLE VD  
NAME KONCHAK, CLIFFORD R.  
STREET ADDRESS 460 W. 83RD STREET  
CITY-ST-ZIP HIALEAH, FL**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**DO NOT WRITE  
IN THIS SPACE**

**U00000326231**

**04/23/05-80047-017: 150.00**

**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:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Date**

**Daytime Phone #**

**04-21-05 305-821-64**