2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State
02-14-2008 90032 029 ***150.00

DOCUMENT # J74446

1. Entity Name
INTERGRAPHIC GROUP, INC.

40025363

Principal Place of Business	Mailing Address
857 B SE 47TH STREET CAPE CORAL, FL 33904	12670 NEW BRITTANY BLVD., #101 FORT MYERS, FL 33907

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
		c/o	
Suite, Apt. #, etc.		Suite, Apt. #, etc. JOHN M. WICKER,P.A. P.O. DRAWER 60205	
City & State		City & State FORT MYERS,FL 33906	
Zip	Country	Zip	Country

01082008 Chg-P CR2E034 (12/06)

4. FEI Number 59-2803930 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROYSTON, ROBERT D., JR
12670 NEW BRITTANY BLVD.
#101
FORT MYERS, FL 33907

7. Name and Address of New Registered Agent

Name JOHN M. WICKER, P.A.
Street Address 12670 NEW BRITTANY BLVD., STE 101
City FORT MYERS, FL 33907
Zip Code

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] 2/11/08
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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JACOBSEN, JOHN R. 347 BAYSHORE DRIVE CAPE CORAL, FL 33904	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST KRISTI K. JACOBSEN 347 BAYSHORE DRIVE CAPE CORAL, FL 33904	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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] Kristi K Jacobsen 1/31/08 239-945-2525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #