

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.	

Principal Place of Business 857 B SE 47TH STREET CAPE CORAL, FL 33904	Mailing Address 12670 NEW BRITTANY BLVD., #101 FORT MYERS, FL 33907
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address <i>do</i>
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

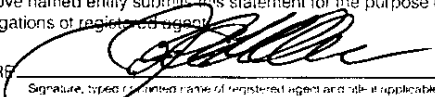
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01082008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent ROYSTON, ROBERT D., JR 12670 NEW BRITTANY BLVD. #101 FORT MYERS, FL 33907	
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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
State	FL
Zip	33906

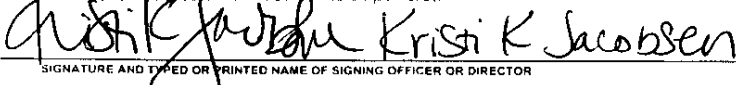
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, and in doing so, it certifies that it is in compliance with, and accepts the obligations of, the provisions of Chapter 607, Florida Statutes, and that it is authorized to execute this statement.	
SIGNATURE 	DATE 2/11/08

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete
P JACOBSEN, JOHN R. 347 BAYSHORE DRIVE CAPE CORAL, FL 33904	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete
VPST KRISTI K. JACOBSEN 347 BAYSHORE DRIVE CAPE CORAL, FL 33904	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-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: 	Kristi K Jacobsen	1/31/08	239-945-2525
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