

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K07930

Entity Name: DRAGONFLY GRAPHICS, INC.

FILED
Apr 27, 2007
Secretary of State

Current Principal Place of Business:

319 SW 3RD AVE.
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

319 SW 3RD AVE.
GAINESVILLE, FL 32601

New Mailing Address:

FEI Number: 59-2875496

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REVELS, JOY L
319 SW 3RD AVE
GAINESVILLE, 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: VP () Delete
Name: QUACKENBUSH, BUSSEY M VP
Address: 815 NW 32ND PLACE
City-St-Zip: GAINESVILLE, FL 32609

Title: T () Delete
Name: AIMEE, ANDERSON C T
Address: 5881 AVENUE H
City-St-Zip: MCINTOSH, FL 32664

Title: P () Delete
Name: REVELS, JOY L P
Address: 319 SW 3RD AVE
City-St-Zip: GAINESVILLE, FL 32601

Title: S () Delete
Name: REVELS, FRANCES D S
Address: 20620 10TH ST.
City-St-Zip: MCINTOSH, FL 32664

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: S (X) Change () Addition
Name: FRANCIS, FRANCES D S
Address: 1906 NW 57TH TERRACE
City-St-Zip: GAINESVILLE, FL 32605

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JOY L. REVELS

P

04/27/2007

Electronic Signature of Signing Officer or Director

Date