

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90028 036 ***150.00

DOCUMENT # K36868	
1. Entity Name STUDIO GRAPHICS OF NAPLES, INC.	

Principal Place of Business 852 1ST AVE S STE 204 NAPLES FL 34102 US	Mailing Address 852 1ST AVE S STE 204 NAPLES FL 34102 US
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2. Principal Place of Business 990 1st Ave S	3. Mailing Address 990 1st Ave S
Suite, Apt. #, etc. Ste 201	Suite, Apt. #, etc. Ste 201

1st MOORE CR2E034 (10/05)

City & State Naples FL	City & State Naples FL
Zip 34102	Country USA

4. FEI Number 65-0073539	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MATHIAS, ALYCE 852 1ST AVE SOUTH STE 204 NAPLES FL 34102	
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7. Name and Address of New Registered Agent Name Same Street Address (P.O. Box Number is Not Acceptable) 990 1st Ave South Ste 201 City Naples FL Zip Code 34102	
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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 Alyce Mathias Signature typed or printed name of registered agent and title if applicable	DATE 1-28-06 (NOTE: Registered Agent signature required when translating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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 - ST - ZIP	☒ Delete D MATHIAS, ALYCE 852 1ST AVE SOUTH STE 204 NAPLES FL 34102
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition D MATHIAS, ALYCE 990 1ST AVE SOUTH STE 201 NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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 Section 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: Alyce Mathias SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 1-28-06 DAYTIME PHONE # 239 434 7686