


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90151 005 \*\*\*150.00

**DOCUMENT # K61577**  
1. Entity Name  
**METROPOLIS GRAPHICS, INC.**



Principal Place of Business 807 S. ORLANDO AVE. SUITE T WINTER PARK, FL 32789 US	Mailing Address 807 S. ORLANDO AVE. SUITE T WINTER PARK, FL 32789 US
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**40052596**



03042005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2930424	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

ROBINSON, DARRELL D.  
807 S. ORLANDO AVE., SUITE T  
WINTER PARK, FL 32789

**DO NOT WRITE IN THIS SPACE**

**B.** 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	P ROBINSON, DARRELL D. 807 S. ORLANDO AVE., SUITE T WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DOYLE ROBINSON, SARA 807 S. ORLANDO AVE., SUITE T WINTER PARK, FL 32789
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

**12.** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** Darrell **3-29-05** **407-740-5455**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #