


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2005 08:00 AM
Secretary of State

DOCUMENT # L00054
 1. Entity Name
 PARAMOUNT MILLER GRAPHICS, INC.



Principal Place of Business Mailing Address
 5299 ST AUGUSTINE RD 5299 ST AUGUSTINE RD
 JACKSONVILLE, FL 32207 US JACKSONVILLE, FL 32207 US

DO NOT WRITE IN THIS SPACE



01062005 No Chg-P CR2E034 (10/03)

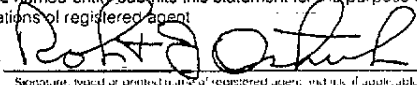
4. FEI Number Applied For
 59-2962266 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 OSTRICH, ROBERT J.
 5299 ST AUGUSTINE RD
 JACKSONVILLE, FL 32207

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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  Robert J Ostrich CFO 2-10-05
Signature, typed or printed name of registered agent, and title, if applicable. (NOTE: Registered Agent signatures required when filing.)

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

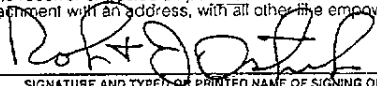
1000000240260
 02/23/05-80024-003 150.00

10. OFFICERS AND DIRECTORS

| | |
|-----------------|-----------------------|
| TITLE | D |
| NAME | BROOKSHIRE, GEORGE |
| STREET ADDRESS | 121 W FORSYTH ST #200 |
| CITY - ST - ZIP | JACKSONVILLE, FL |
| TITLE | DC |
| NAME | WALTHER, FREDERICK S |
| STREET ADDRESS | 5299 ST AUGUSTINE RD |
| CITY - ST - ZIP | JACKSONVILLE, FL |
| TITLE | DV |
| NAME | WALTHER, MICHAEL J |
| STREET ADDRESS | 5299 ST AUGUSTINE RD |
| CITY - ST - ZIP | JACKSONVILLE, FL |
| TITLE | DV |
| NAME | WALTHER, JOHN J |
| STREET ADDRESS | 5299 ST AUGUSTINE RD |
| CITY - ST - ZIP | JACKSONVILLE, FL |
| TITLE | D |
| NAME | DAHL, ROBERT J |
| STREET ADDRESS | 5299 ST AUGUSTINE RD |
| CITY - ST - ZIP | JACKSONVILLE, FL |
| TITLE | D |
| NAME | STEIN, ROBERT L |
| STREET ADDRESS | 121 W FORSYTH ST #200 |
| CITY - ST - ZIP | JACKSONVILLE, FL |

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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 the empowered.

SIGNATURE:  Robert J Ostrich 2-10-05 904 448 1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Office Phone #

Sec/Treas