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
5299 ST AUGUSTINE RD
JACKSONVILLE, FL 32207 US

Mailing Address
5299 ST AUGUSTINE RD
JACKSONVILLE, FL 32207 US

01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2962266

Applied For
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 signature required if not on file)

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

H00000240260
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 like empowered.

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