

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2007 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**



02132007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2962266	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**OSTRICH, ROBERT J
5299 ST AUGUSTINE RD
JACKSONVILLE, FL 32207**

**DO NOT WRITE
IN THIS SPACE**

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 _____ 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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

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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03/23/07-80018-006 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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* **Robert J Ostrich** 2-13-07 904 448 1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #