2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2011
Secretary of State

DOCUMENT# L00054

Entity Name: PARAMOUNT MILLER GRAPHICS, INC.

Current Principal Place of Business:

5299 ST AUGUSTINE RD
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

Current Mailing Address:

5299 ST AUGUSTINE RD
JACKSONVILLE, FL 32207 US

New Mailing Address:

FEI Number: 59-2962266 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STEVENS, AMANDA M
5299 ST AUGUSTINE RD
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: CUMMINS, JON
Address: 5299 ST AUGUSTINE RD
City-St-Zip: JACKSONVILLE, FL 32207

Title: DC
Name: WALTHER, FREDERICK S
Address: 5299 ST AUGUSTINE RD
City-St-Zip: JACKSONVILLE, FL

Title: DV
Name: WALTHER, MICHAEL J
Address: 5299 ST AUGUSTINE RD
City-St-Zip: JACKSONVILLE, FL

Title: DV
Name: WALTHER, JOHN J
Address: 5299 ST AUGUSTINE RD
City-St-Zip: JACKSONVILLE, FL

Title: D
Name: ROBBINS, GEORGE
Address: 12560 MANDARIN RD
City-St-Zip: JACKSONVILLE, FL 32223

Title: D
Name: STEIN, ROBERT L
Address: 121 W FORSYTH ST #200
City-St-Zip: JACKSONVILLE, FL

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JON CUMMINS CFO 02/01/2011

Electronic Signature of Signing Officer or Director Date