


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2005 8:00 am
Secretary of State

03-01-2005 90071 024 ***150.00

DOCUMENT # L04065
1. Entity Name
SUWANNEE GRAPHICS, INC.




Principal Place of Business
621 NORTH OHIO AVE
LIVE OAK, FL 32060 US

Mailing Address
621 NORTH OHIO AVE
LIVE OAK, FL 32060 US

50021077

DO NOT WRITE IN THIS SPACE



01272005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2960961	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PEADEN, MILES R.
13154 46TH ST
LIVE OAK, FL 32060

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PEADEN, MILES R 13154 46TH ST LIVE OAK, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD PEADEN, BARBARA M 13154 46TH ST LIVE OAK, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD STARLING, LARAMIE D. 10660 83RD PLACE LIVE OAK, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD STARLING, SHIRLEY S 10660 83RD PLACE LIVE OAK, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BOURGOIS, S REESE 13989 CR136 LIVE OAK, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD STARLING, S.A. 13989 CR136 LIVE OAK, 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: Shirley S. Starling 2.17.05 386) 362-1848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #