


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L95000000439</b> 1. Entity Name FULL-BORE GRAPHICS, L.C.	
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Principal Place of Business 3115 44TH AVE N ST PETERSBURG, FL 33714	Mailing Address 3115 44TH AVE N ST PETERSBURG, FL 33714
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**DO NOT WRITE IN THIS SPACE**



02032005 No Chg-LLC CR2E083 (10/03)

4. FCI Number 59-3289928	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
RUZICKA, PHILIP R  
3115 44TH AVE N  
ST PETERSBURG, FL 33714

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when renovating)  
Signature, typed or printed name of registered agent and title if applicable DATE

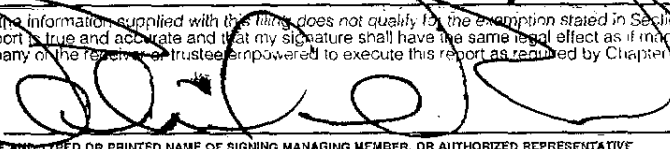
**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUZICKA, PHILIP R 8600 29TH WAY PINELLAS PARK, FL 33781
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUZICKA, RICHARD R 100 BEACH DR #1403 SAINT PETERSBURG, FL 33701
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U00000301808  
04/13/05-80044-024 50.00

**DO NOT WRITE  
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**  **4/8/05 727-527-1999**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE DATE D-111111 Phone #