

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M66693

Entity Name: FLORIDA GRAPHIC PRINTING COMPANY, INC.

FILED  
Apr 21, 2006  
Secretary of State

**Current Principal Place of Business:**

C/O PATRICIA A. BLYTHE  
503 MASON AVE.  
DAYTONA BEACH, FL 32117 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O PATRCIA A. BLYTHE  
503 MASON AVE.  
DAYTONA BEACH, FL 32117 US

**New Mailing Address:**

FEI Number: 59-2854182      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PATRICIA A. BLYTHE  
503 MASON AVENUE  
DAYTONA BCH., FL 32117 US

**Name and Address of New Registered Agent:**

BLYTHE, PATRICIA A PRES  
503 MASON AVENUE  
DAYTONA BEACH, FL 32117 US

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: PATRICIA A BLYTHE

04/21/2006

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BLYTHE, PATRICIA A  
Address: 18 RAINTREE DRIVE  
City-St-Zip: PORT ORANGE, FL 32127

Title: CD ( ) Delete  
Name: BLYTHE, PATRICIA A  
Address: 18 RAINTREE DRIVE  
City-St-Zip: PORT ORANGE, FL 32127

Title: VP ( ) Delete  
Name: SCULL, LESLIE W  
Address: 1410 SKYRIDGE DRIVE  
City-St-Zip: DELAND, FL 32724

Title: VCD ( ) Delete  
Name: SCULL, LESLIE W  
Address: 1410 SKYRIDGE DRIVE  
City-St-Zip: DELAND, FL 32724

Title: ST ( ) Delete  
Name: BLYTHE, PATRICIA A.,  
Address: 18 RAINTREE DR.  
City-St-Zip: PORT ORANGE, FL 32127

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PATRICIA A BLYTHE

PRES

04/21/2006

Electronic Signature of Signing Officer or Director

Date