

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M66693

FILED  
Mar 31, 2011  
Secretary of State

**Entity Name:** FLORIDA GRAPHIC PRINTING COMPANY, INC.

**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 PATRICIA 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:**

BLYTHE, PATRICIA A PRES  
503 MASON AVENUE  
DAYTONA BEACH, FL 32117 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: BLYTHE, PATRICIA A  
Address: 18 RAINTREE DRIVE  
City-St-Zip: PORT ORANGE, FL 32127

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

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

Title: VCD  
Name: GRAZIANO, GAYLA A  
Address: 975 SANDALWOOD  
City-St-Zip: PORT ORANGE, FL 32127

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

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: PATRICIA A. BLYTHE

PRES

03/31/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date