## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 16, 2005 08:00 AM **Secretary of State DOCUMENT # P01000007676** 1. Entity Name ORIGIN GRAPHIC DESIGN, INC. Principal Place of Business = Mailing Address 1269 1/2 FIRST STREET 1269 1/2 FIRST STREET SUITE 1 SUITE 1 SARASOTA, FL 34236-+ \_\_ SARASOTA, FL 34236-+ 03142005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1070779 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ORTWEIN, GEORGETTE S DO NOT WRITE 1269 1/2 FIRST STREET SUITE 1 IN THIS SPACE SARASOTA, FL 34236 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, 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 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE ORTWEIN, GEORGETTE'S NAME 1269 1/2 FIRST STREET, SUITE 1 STREET ADDRESS SARASOTA, FL 34236+ CITY-SY-ZIP U000002652<u>0</u>3 TITLE NAME 03/16/05-80046-014 150.00 STREET ADDRESS CITY -ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS

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12. I hereby certify that the information supplied with this filling 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.

CITY - ST - ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PROBLEM Date Date Daylors Prome &