## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 21, 2005 8:00 am **DOCUMENT # P01000025822 Secretary of State** 02-21-2005 90083 039 \*\*\*150.00 WEB GRAPHICS GROUP, INC. Principal Place of Business Mailing Address 6698 29 STREET SOUTH ST PETERSBURG FL 33712 6698 29 STREET SOUTH ST PETERSBURG FL 33712 2. Principal Place of Business 6985 Bent 6 Suite, Apt. #, etc Suite, Apt. #, etc 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 59-3703236 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Roclich lern FROELICH, VERN Street Address (P.O. Box Number is Not Acceptable) 6698 29 STREET SOUTH ST PETERSBURG FL 33712 Bent 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11 PCED ICH, VERN FROELICH, VERN 6985 Bent 6 RCSS DR. Change Addition TITLE **PCEO** TITLE Delete NAME FROELICH, VERN NAME STREET ADDRESS 6698 29TH ST S STREET ADORESS SAINT PETERSBURG FL 33712 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME FROELICH, GLENNA NAME 6698 29TH ST S STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAINT PETERSBURG FL 33712 Change-- 🔲 Addition TITLE Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Detete TITLE Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

with all other like empowered

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED