

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90306 017 ***150.00

DOCUMENT # P02000068112

1. Entity Name
MCGRAPHICS PRINTING SERVICES, INC.



Principal Place of Business
**3110 39 AVE N
ST PETERSBURG, FL 33714**

Mailing Address
**3110 39 AVE N
ST PETERSBURG, FL 33714**

2. Principal Place of Business
**10590 66th Ave No
Suite #2**

3. Mailing Address
**10590 66th Ave No
Suite #2**

City & State
Seminole FL
Zip
33772

City & State
Seminole FL
Zip
33772

04182005 Chg-P CR2E034 (10/03)

4. FEI Number
04-3693841

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22 ST, 4 FLR
MIAMI, FL 33145**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 Joseph A. McKay
Signature, typed or printed name of registered agent and title if applicable.

Joseph A. McKay
(NOTE: Registered Agent signature required when reinstating)

4/18/05
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DPT** ☐ Delete
NAME **MCKAY, JOSEPH**
STREET ADDRESS **3110 39 AVE N**
CITY-ST-ZIP **ST PETERSBURG, FL 33714**

TITLE **DVS** ☐ Delete
NAME **MCKAY, SUSAN**
STREET ADDRESS **3110 39 AVE N**
CITY-ST-ZIP **ST PETERSBURG, FL 33714**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPT** ☒ Change ☐ Addition
NAME **McKay, Joseph**
STREET ADDRESS **10590 66th Ave No, #2**
CITY-ST-ZIP **Seminole FL 33772**

TITLE **DVS** ☒ Change ☐ Addition
NAME **McKay, Susan**
STREET ADDRESS **10590 66th Ave No, #2**
CITY-ST-ZIP **Seminole FL 33772**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joseph A. McKay Joseph A. McKay
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/05 727-399-0801
Date Daytime Phone #