

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000068112

1. Entity Name

MCGRAPHICS PRINTING SERVICES, INC.



Principal Place of Business

10590 66TH AVE. NORTH  
SUITE 2  
SEMINOLE, FL 33772

Mailing Address

10590 66TH AVE. NORTH  
SUITE 2  
SEMINOLE, FL 33772



04202007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

**DO NOT WRITE  
IN THIS SPACE**

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**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

05/02/07-80062-005 150.00

10. OFFICERS AND DIRECTORS

TITLE DPT  
NAME MCKAY, JOSEPH  
STREET ADDRESS 10590 66TH AVE. NORTH, # 2  
CITY-ST-ZIP SEMINOLE, FL 33772

TITLE DVS  
NAME MCKAY, SUSAN  
STREET ADDRESS 10590 66TH AVE. NO., # 2  
CITY-ST-ZIP SEMINOLE, FL 33772

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Mckay*

4/19/07 722-399-0801