

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

04-12-2006 90103 023 \*\*\*150.00

**DOCUMENT # P03000046109**

1. Entity Name  
**INKTOGO PLUS INCORPORATED**



Principal Place of Business  
**209 NE FORD PLACE  
MADISON, FL 32340**

Mailing Address  
**P.O. BOX 691  
MADISON, FL 32340**

00011254



03292006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**57-1190456**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**GRAHAM, CYNTHIA E**  
**3570 S.W. ZULLO STREET**  
**PORT ST. LUCIE, FL 34953**  
*P.O. BOX 691*  
*209 NE FORD PLACE*  
*MADISON, FL 32340*

**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 CINDY GRAHAM

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3-28-06

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE **D**  
NAME **GRAHAM, CYNTHIA E**  
STREET ADDRESS **P.O. BOX 691, 209 NE FORD PLACE**  
CITY - ST - ZIP **MADISON, FL 32340**

TITLE  
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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:**

Cindy Graham  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-06

Date

850-973-9955  
Daytime Phone #