

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2004 8:00 am**  
**Secretary of State**

02-11-2004 90023 049 \*\*\*158.75

<b>DOCUMENT # P03000097136</b> 1. Entity Name <b>VANTAGE GRAPHICS CORP.</b>					
Principal Place of Business <b>18 SUNSHINE BLVD. DELAND, FL 32724</b>			Mailing Address <b>18 SUNSHINE BLVD. DELAND, FL 32724</b>		
2. Principal Place of Business <b>226 S LEON AVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>226 S LEON AVE</b> Suite, Apt. #, etc.			
City & State <b>DELAND FL</b>		City & State <b>DELAND</b>		4. FEI Number <b>65-1202079</b>	
Zip <b>32720</b>		Country <b>VOLUSIA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LAWRENCE, JOSHUA C 18 SUNSHINE BLVD. DELAND, FL 32724</b>			7. Name and Address of New Registered Agent Name <b>RAY, ARIC C</b> Street Address (P.O. Box Number is Not Acceptable) <b>226 S LEON AVE</b> City <b>DELAND</b> FL <b>32720</b>		
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 <b>Aric Ray</b> (NOTE: Registered Agent signature required when reinstating) DATE <b>2/7/04</b>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>RAY, ARIC C</b> <input type="checkbox"/> Delete <b>1134 BEL AIRE DRIVE</b> <b>DAYTONA BEACH, FL 32118</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Ray, Aric C.</b> <b>226 S. Leon Ave</b> <b>DELAND, FL 32720</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <input checked="" type="checkbox"/> Delete <b>LAWRENCE, JOSHUA C</b> <b>18 SUNSHINE BLVD.</b> <b>DELAND, FL 32724</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <b>Aric Ray</b>			Date <b>2/7/04</b> 386-740-9849		