

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90163 002 \*\*\*150.00

<b>DOCUMENT # P05000114013</b>					
<b>1. Entity Name</b> SILENTRGRAPHIX, INC.					
<b>Principal Place of Business</b> 7326 RANGI DRIVE SARASOTA, FL 34241			<b>Mailing Address</b> P.O. BOX 19319 SARASOTA, FL 34276		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 20-3331025	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  RZEPKA, JOHN 7326 RANGI DRIVE SARASOTA, FL 34241			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____		
<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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> P <b>NAME</b> RZEPKA, JOHN <b>STREET ADDRESS</b> 7326 RANGI DRIVE <b>CITY-ST-ZIP</b> SARASOTA, FL 34241	<input type="checkbox"/> Delete		<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VP <b>NAME</b> GERLEK-RZEPKA, PATRICIA <b>STREET ADDRESS</b> 7326 RANGI DRIVE <b>CITY-ST-ZIP</b> SARASOTA, FL 34241	<input type="checkbox"/> Delete		<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Delete		<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Delete		<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b>			J.L. Rzepka		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/29/08		
			941-228-5855		
			<small>Date Daytime Phone #</small>		