


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90056 015 ***150.00

DOCUMENT # P06000108075 1. Entity Name AVATAR GRAPHICS, INC.					
Principal Place of Business 6518 BURGUNDY RD SO. JACKSONVILLE, FL 32210			Mailing Address 6518 BURGUNDY RD SO. JACKSONVILLE, FL 32210		
2. Principal Place of Business - No P.O. Box # 4932 James Road		3. Mailing Address 4932 James Road			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Jax, FL		City & State Jacksonville, FL		4. FEI Number 20-5408298	
Zip 32210		Country Duval		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent O'BRIAN, ALICE L 5640 TIMUQUANA RD STE 1 JACKSONVILLE, FL 32210			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 a registered agent. SIGNATURE BRIAN MARTIN DATE 4.10 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COUNTER, JASON <input checked="" type="checkbox"/> Delete 6518 BURGUNDY RD SO. JACKSONVILLE, FL 32210		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARTIN, BRIAN M <input type="checkbox"/> Delete 6518 BURGUNDY RD SO. JACKSONVILLE, FL 32210		TITLE P NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4932 JAMES RD JACKSONVILLE, FLORIDA 32210	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COUNTER, MARTIN M <input checked="" type="checkbox"/> Delete 6518 BURGUNDY RD SO. JACKSONVILLE, FL 32210		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RYAN LUCAS <input type="checkbox"/> Delete 5317 POPPY DRIVE JACKSONVILLE FLORIDA 32205		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP RYAN LUCAS 5317 POPPY DRIVE JACKSONVILLE FLORIDA 32205	
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 	
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 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: BRIAN MARTIN <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4.10 Daytime Phone # 904.686.5873		