

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000105292

Entity Name: ASAP GRAPHICS OF N.W. FLORIDA, INC.

FILED
May 26, 2009
Secretary of State

Current Principal Place of Business:

98 N.E. EGLIN PKWY
STE. #5
FT. WALTON BEACH, FL 32548 US

New Principal Place of Business:

Current Mailing Address:

98 N.E. EGLIN PKWY
STE. #5
FT. WALTON BEACH, FL 32548 US

New Mailing Address:

FEI Number: 26-1146306

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SNYDER, CHARLOTTE
6554 LONGVIEW ST.
NAVARRE, FL 32566 US

Name and Address of New Registered Agent:

SCHNEIDER, DEANNA
6554 LONGVIEW ST.
NAVARRE, FL 32566 US

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.

SIGNATURE: DEANNA SCHNEIDER

05/26/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP-D () Delete
Name: BAIN, HOLLY
Address: 6554 LONGVIEW ST.
City-St-Zip: NAVARRE, FL 32566 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BAIN, HOLLY
Address: 6554 LONGVIEW ST.
City-St-Zip: NAVARRE, FL 32566 US

Title: VP () Change (X) Addition
Name: SNYDER, CHARLOTTE
Address: 6554 LONGVIEW STREET
City-St-Zip: NAVARRE, FL 32566 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HOLLY BAIN

P

05/26/2009

Electronic Signature of Signing Officer or Director

Date