


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90122 028 \*\*\*150.00

<b>DOCUMENT # P07000134716</b>	
1. Entity Name <b>TO THE LIMIT CUSTOM GRAPHICS, INC.</b>	

Principal Place of Business <b>4213 RECKER HIWAY WINTER HAVEN, FL 33880</b>	Mailing Address <b>4213 RECKER HIWAY WINTER HAVEN, FL 33880</b>
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address <b>1529 Old Combee Rd.</b> Suite, Apt. #, etc.
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City & State <b>Lakeland, Fla.</b>	City & State <b>Lakeland, Fla.</b>
Zip <b>33805</b>	Country <b>FLA.</b>

40001041



04222008 Chg-P CR2E034 (12/06)

4. FEI Number <b>26-1591713</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent <b>SPIVEY, DONNA S 4201 RECKER HIWAY WINTER HAVEN, FL 33880</b>		7. Name and Address of New Registered Agent Name <b>Catina L. Skipper</b> Street Address (P.O. Box Number is Not Acceptable) <b>1529 Old Combee Rd.</b> City <b>Lakeland</b> FL Zip Code <b>33805</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: *Catina L. Skipper* **CATINA L. SKIPPER** 4/22/08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SKIPPER, CATINA L 1529 OLD COMBEE RD LAKELAND, FL 33805 <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	ST SPIVEY, DONNA S 4201 RECKER HIWAY WINTER HAVEN, FL 33880 <input checked="" 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
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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 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: *Catina L. Skipper* **CATINA L. SKIPPER** 4/22/08 (863)299-3638  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #