

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000083700

Entity Name: FIN GRAPHICS, INC.

**FILED**  
**Apr 12, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1104 5TH AVE NORTH  
JACKSONVILLE BEACH, FL 32250

**New Principal Place of Business:**

421 MACKENZIE CIRCLE  
SAINT AUGUSTINE, FL 32092

**Current Mailing Address:**

1104 5TH AVE NORTH  
JACKSONVILLE BEACH, FL 32250

**New Mailing Address:**

421 MACKENZIE CIRCLE  
SAINT AUGUSTINE, FL 32092

FEI Number: 27-1100891

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ENGLISH, PATRICIA G  
1104 5TH AVE NORTH  
JACKSONVILLE BEACH, FL 32250 US

**Name and Address of New Registered Agent:**

PEACOCK, AARON M  
421 MACKENZIE CIRCLE  
SAINT AUGUSTINE, FL 32092 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: AARON PEACOCK

04/12/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: PEACOCK, AARON M  
Address: 421 MACKENZIE CIRCLE  
City-St-Zip: SAINT AUGUSTINE, FL 32092 US

Title: VP  
Name: SWINDLE, MICHAEL B  
Address: 1863 BISHOP ESTATES RD  
City-St-Zip: SAINT JOHNS, FL 32259 US

I hereby 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 all other like empowered.

SIGNATURE: AARON PEACOCK

PRES

04/12/2012

Electronic Signature of Signing Officer or Director

Date