


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P25603</b> 1. Entity Name MAGNA-GRAPHIC/SOUTH, INC.	
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Principal Place of Business 7606 PRESIDENTS DR ORLANDO, FL US	Mailing Address P.O. BOX 54970 LEXINGTON, KY 40555 US
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**DO NOT WRITE IN THIS SPACE**



04252005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>61-1164454</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
MITCHELL, CHARLES D JR  
4525 VINELAND RD UNIT #209  
ORLANDO, FL 32811

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MITCHELL, CHARLES D., JR PO BOX 54970 LEXINGTON, KY 40555
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MITCHELL, CHARLES D I PO BOX 54970 LEXINGTON, KY 40555
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC HORDL, III CHARLES W. 3533 MCNAIR WAY LEXINGTON, KY 40513
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITCHELL, SYDNEY PO BOX 54970 LEXINGTON, KY 40555
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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05/02/05-80048-023 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Charles W. Hord II Charles W. Hord II 4/27/05 859-351-9443  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #