## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000035713

CALLYGRAPHICS, INC.



**FILED** Apr 14, 2008 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

10281 ESTUARY DR TAMPA, FL 33647

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DO NOT WRITE IN THIS SPACE

04092008 No Chg-P CR2E034 (11/05)

Applied For 4. FEI Number 59-3233285 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

GRIFFITH, CAROLYN 10281 ESTUARY DR TAMPA, FL 33647

DO NOT WRITE IN THIS SPACE

|   | named entity submits this statement for the p<br>ions of registered agent. | urpose of changing its rec | gistered office or      | registered agent, or bot              | h, in the State of Florida I am familiar with, and accept |
|---|--|----------------------------|-------------------------|---------------------------------------|---|
| SIGNATURE   | Signature, typed or printed name of registered agent and title i           | applicable (NOTE Re        | egistered Agent signatu | re required when reinstating)         | DATE  |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Final Trust Fund Contribution. |  |                            |                         | \$5.00 May Be<br>Added to Fees        |   |
| 10.   | OFFICERS AND DIREC   | TORS                       |                         | · · · · · · · · · · · · · · · · · · · |   |
| TITLE NAME STREET ADDRESS CITY+SI-ZIP   | D<br>GRIFFITH, CAROLYN<br>10281 ESTUARY DR<br>TAMPA, FL                    |                            |                         |                                       | U00000896681<br>04/25/08-80018-007 150.00                 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |                            |                         |                                       | 847 Z87 88 888 I  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |                            |                         | DO                                    | NOT WRITE   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |                            |                         | IN 7                                  | THIS SPACE  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |                            |                         |                                       |   |
| TITLE<br>NAME<br>STREET ADDRESS   |  |                            |                         |                                       |   |

12. I hereby certify that the information supplied with this filling 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.

CITY-SI-ZIP

CER OR DIRECTOR