


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000090896 1. Entity Name ASKANDIA GRAPHICS, INC.					
Principal Place of Business 100 COMMERCE STREET LONGWOOD FL 32750-5416			Mailing Address 100 COMMERCE STREET LONGWOOD FL 32750-5416		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3282189	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent TAYLOR, KEITH M 720 COLUMBUS WAY LONGWOOD FL 32750				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE <u><i>Keith M. Taylor</i></u> <small>Signature, typed or printed name of registered agent and fee if applicable</small> </div> <div style="width: 40%; text-align: center;"> 4-12-05 <small>DATE</small> </div> <div style="width: 20%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> </div>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P TAYLOR, KEITH M 720 COLUMBUS DR. LONGWOOD FL 32750		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TAYLOR, KEITH M 720 COLUMBUS DR. LONGWOOD FL 32750		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TAYLOR, KEITH M 720 COLUMBUS DR. LONGWOOD FL 32750		<input type="checkbox"/> Delete		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	TAYLOR, KEITH M 720 COLUMBUS DR. LONGWOOD FL 32750		<input type="checkbox"/> Delete		
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: <u><i>Keith M. Taylor</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			PROSSIMANT 4-12-05 <small>Date</small>		
SIGNATURE: <u><i>Keith M. Taylor</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			PROSSIMANT 407-353-8424 <small>Daytime Phone #</small>		



1st MOORE CR2E034 (10/04)