


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 10, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000093214</b> 1. Entity Name BEST GRAPHICS, INC.	
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Principal Place of Business 5569 BOWDEN RD. SUITE 5 JACKSONVILLE, FL 32216 US	Mailing Address 5569 BOWDEN RD. SUITE 5 JACKSONVILLE, FL 32216 US
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<b>DO NOT WRITE IN THIS SPACE</b>
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01072005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3303414	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  MOSS, JOHN 1550 BUSINESS CENTER DR., STE 4 ORANGE PARK, FL 32003
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title of applicant</small>
DATE _____ <small>DATE: Registered Agent signature required when reinstating</small>

<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 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUNTLEY, WARD 5569 BOWDEN RD, STE.5 JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERGUSON, KEITH A 5569 BOWDEN RD, STE. 5 JACKSONVILLE, FL 32216
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<p>U00000257590 03/10/05-80008-002 150.00</p>          <b>DO NOT WRITE IN THIS SPACE</b>
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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 807, 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
<b>SIGNATURE:</b> <i>Alagan Bell</i> <b>OFFICE ADMINISTRATOR 1-7-05 (904)636-581</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>
<i>President 1705</i> <small>Date Day/Line/Phone #</small>