2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 07, 2006 8:00 am Secretary of State

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DOCUMENT # P97000032540 1. Entity Name CUSTOM GRAPHICS AND PLATES, INC.								07-07-2006	90001 0	33 ***158	3.75
Principal Plac	e of Busines:	3	Ma	ailing Address			1				
1255 BELLE AVENUE			1255 BELLE AVENUE						5002	21713	
BLDG 163 Winter Spr	INGS. FL 32	708		LDG 163 Inter Springs, FL-32	2708				0004	1117	
2. Principal Place of Business			3.	3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.			07052006	Chg-P	CR2E	34 (11/05)	
City & State			(City & State			4. FEI Numb				oplied For
Zip		Country		Zip	Countr	y		of Status Desired		\$8.75 Add	
6. Name and Address of Current Registered Agent					1		7 Name and	Address of New R		Fee Require	d
	o. Hamo	ana radioss o	- Current regis	reteo Agent	- 	Name	7. Haine and	Address of New P	registered	Agent	
SPERING, ROB 1255 BELLE AVENUE					}	Street Address	(P.O. Box Numb	er is Not Acceptable	∍)		
BLDG 163 WINTER SPRINGS, FL 32708					-						
VVIINTERS	PRINGS,	FL 32/08			-	Oti.				1 - 0 -	
						City FL Zip Code					
8. The above the obligat	named entity tions of regist	y submits this st ered agent.	atement for the p	urpose of changing its re	egistered	d office or registe	red agent, or bo	th, in the State of Flo	orida. I am	familiar with,	and accept
SIGNATURE_	Signature broad	or protect come of roa	istered agent and title i	inneferable (NOTE)	Decisions						
	Signature, typee	or present name of reg	atered agent and tipe i	application. (1401E.	negistereu	Agent signature require	u when reinstating i		DATE		
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St. Ch.	neve,	Accel	ived	Election Campaig Trust Fund Contrib		· ,_ •	.00 May Be led to Fees				
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TITLE NAME STREET ADDRESS	SPERING 29207 W. TAVARES	, ROB OLD MILL , FL 32778		Trust Fund Contrit	11. TITLE NAME STREET CITY-S	ADDRESS Add	led to Fees	CHANGES TO OFF	ICERS AND		
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12. I hereby certify that the information supplied with this filing 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.

STREET ADDRESS CITY-ST-ZIP

NAME

NAME

STREET ADDRESS

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date