## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED Mar 14, 2005 08:00 Al Secretary of State

			and the	Secretary of State
DOCUMENT # P98000019152				Secretary of State
ASAP GRAPHIX & SIGNS, INC.				
ASAP GR	APHIX & SIGNS, INC.			,   
Principal Plac	e of Business	Mailing Address		
15895 93RE WEST PALA	STN 4 BEACH FL 33412	15895 93RD ST N WEST PALM BEACH FL	. 33412	
				) NATIONAL HA HENDE COM DAIN STAN DAIN STAN HOLD HAGE STORE HALL DINK HAUSEN IN 1881.
2. Principal Place of Business		3. Mailing Address		
Suite, Apt #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E034 (10/04)
City & State		City & State		4. FEI Number 65-0826577 Applied For
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
}	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
			Name	
KOCH, ANGELA C 15895 93RD ST N WEST PALM BEACH FL 33412			Street Address	(P.O. Box Number is Not Acceptable)
			City	FL Zip Code
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	egistered office or regist	ered agent, or both, in the State of Florida. 1 am familiar with, and accept
SIGNATURE	<del></del> .	<del></del> :		
	Signature, typed or printed name of registered agent a	nd tille if explicable (NOTE	Registered Agent signature requir	od when reinstating? DATE
	ILE NOW!!! FEE IS \$150.00 May 1, 2005 Fee Will Be \$550.00	· · · · · ·		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees
	Payable to Florida Department of			Added to Pees
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
BRE	PVP	☐ Delete	TITLE	
NAME STREET ADDRESS	KOCH, ANGELA			Chánge Addition
	15805 ORDIN STINI		NAME	100000263159
CITY-ST-ZIP	15895 93RD ST N WEST PALM BEACH FL 33412			
CITY-ST-ZIP		_ Delete	NAME STREET ADDRESS	100000263159
NAME	WEST PALM BEACH FL 33412 DS KIRKLAND, TIMOTHY	Delete	NAME STREET ADDRESS CITY ST-ZIP TITLE NAME	000000263159 03/14/05-80082-014 150.00
THILE NAME STREET ADDRESS	WEST PALM BEACH FL 33412 DS - KIRKLAND, TIMOTHY 15895 93RD ST N	_ Delete	NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS	000000263159 03/14/05-80082-014 150.00
HILL NAME STREET ADDRESS CHY-ST-ZIP	WEST PALM BEACH FL 33412 DS KIRKLAND, TIMOTHY		NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP	U00000263159 03/14/05-80082-014 150.00 □ Change □ Addition
HILL NAME STREET ADDRESS CHY-ST-ZIP BILE	WEST PALM BEACH FL 33412 DS - KIRKLAND, TIMOTHY 15895 93RD ST N	☐ Delete	NAME STREET ADDRESS CITY ST-ZIP  TITLE NAME STREET ADDRESS CITY ST-ZIP	000000263159 03/14/05-80082-014 150.00
HILL NAME STREET ADDRESS CHY-ST-ZIP	WEST PALM BEACH FL 33412 DS - KIRKLAND, TIMOTHY 15895 93RD ST N		NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP	U00000263159 03/14/05-80082-014 150.00 □ Change □ Addition
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NAME STREET ADDRESS CITY-ST-ZIP BILE NAME STREET ADDRESS	WEST PALM BEACH FL 33412 DS KIRKLAND, TIMOTHY 15895 93RD ST N WEST PALM BEACH FL 33412		NAME STREET ADDRESS CITY ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  THE NAME STREET ADDRESS	U00000263159 03/14/05-80082-014 150.00 □ Change □ Addition
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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)(i), Florida Statutes. I further certify that the information indicated on this report of 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:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

<u>3-11-05</u>

Daylane Phone #