2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P98000043351

1. Entity Name
ALL MICROGRAPHICS, INC.

Principal Place of Business	Mailing Address
7409 BLUE SKIES DRIVE SPRING HILL, FL 34606	7409 BLUE SKIES DRIVE SPRING HILL, FL 34606

01062005   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
52-1771130		Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SVEHIA, DICK
7409 BLUE SKIES DRIVE
SPRING HILL, FL 34606

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.

000000177084
01/11/05-80022-002 150.00

SIGNATURE _____
Signature, typed or printed name of registered agent and title (if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SVEHLA, DICK
STREET ADDRESS	7409 BLUE SKIES DR
CITY ST-ZIP	SPRING HILL, FL 34606

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 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: _____   1/7/05   352-684-1195
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #