2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

	ANNUAL R	EPORT (AR)		FILED.	
DOCUMENT # P99000009267				Apr 18, 2005 08:00 AM	
1. Entity Name		**		Secretary of S	State
HUMMING	GBIRD GRAPHICS, INC.				
Principal Place	e of Business	Mailing Address	-		
5919 N ARM		5919 N ARMENIA AVE TAMPA FL 33603			
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Principal Place of Business 3. Mailing Address		3. Mailing Address	, T		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E034 (10/04)	
City & State	e	City & State		4. FEI Number 59-3605131	Applied For
Zip	Country	Zip	Country		\$8.75 Additional
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered	
			Name		
PARTLOW, DAVID L 4100 W. KENNEDY BLVD., SUITE 210 TAMPA FL			Street Address	(P.O. Box Number is Not Acceptable)	
1 AN	MPA FL				
			City	FL	Zip Code
		r the purpose of changing its r	registered office or registe	red agent, or both, in the State of Florida. I am	familiar with, and acc
the obligat	tions of registered agent.				
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable (NOTE	Registered Agent signature require	d when reinstating) DATE	
	ILE NOW!!! FEE IS \$150.00			9. Election Campaign Finance	ing \$5.00 May
	May 1, 2005 Fee Will Be \$550.00 k Payable to Florida Department of			Trust Fund Contribution.	Added to Fee
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 11
THILE	D	☐ Delete	THE		Change A.
NAME	MCCAFFERY, EDWARD JAMES		NAME CHARLET ADDRESS	Hooppooren	
STREET ADDRESS CITY-ST-ZIP	719 PENMSULAR ST TAMPA FL 33603		STHEET ADDRESS CITY-ST-ZIP	U00000312318 04/18/05-80081-008	ነርን ጠ
THE	D	□ Delete	TITLE	0 17 107 00 00001 000	/ 130 100 ☐ Change ☐ Air
NAME	MCCAFFERY, EDWARD THOMAS		NAME		
STREET ADDRESS	809 W. WARREN AVE.		STREET ADDRESS		
CHY-ST-ZIP	TAMPA FL 33602	·	CTTY-ST-ZIP		<u> </u>
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NAME STREET ADDRESS	:		NAME STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
title		☐ Delete	TITLE		☐ Change ☐ A.**
NAME		□ Dete(e	NAME		,
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NAME	'		NAME		
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CITY-ST-ZIP	<u> </u>	· · · · · · · · · · · · · · · · · · ·			Change Class
(ITLE		☐ Delete	NAME		Change A.
NAME STREET ADDRESS	1		STREET ADDRESS		
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	cortify that the information supplied with	this filing does not qualify for	the exemption stated in S	ection 119 07(3Vi) Florida Statutes I further ce	—— crify that the informatic
indicate	some, and are uncontinuous ouppiled the				
of the	d on this report or supplemental report i	s true and accurate and that n	ny signature shall have the	same legal effect as if made under oath; that I	am an officer or direction Block 10 or Block
of the co	d on this report or supplemental report i rporation or the receiver or trustee emp I, or on an attachment with an address.	s true and accurate and that no owered to execute this report, with all other like empowered.	ny signature shall have the as required by Chapter 60	ection 119.07(3)(i), Florida Statutes. I further ce same legal effect as if made under oath; that I 17, Florida Statutes; and that my name appears	am an officer or directin Block 10 or Block 1

3-25-5/ Bath

813-97/-5581 Daytme Phone #