2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2009
Secretary of State

DOCUMENT# P99000037586

Entity Name: LITHO-GRAPHIC SERVE CORPORATION

Current Principal Place of Business:

1339 RIVER ROAD
NORTH FORT MYERS, FL 33903

New Principal Place of Business:

Current Mailing Address:

1339 RIVER ROAD
NORTH FORT MYERS, FL 33903

New Mailing Address:

54250 N CALUMET STREET
LAKE LINDEN, MI 49945

FEI Number: 36-2970880 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DILNY, MIKE M
16241 FAIRWAY WOODS DRIVE, #1106
FORT MYERS, FL 33908 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DILNY, SCOTT G
Address: 1339 RIVER ROAD
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: ST ( ) Delete
Name: DILNY, DAVID M
Address: 1343 RIVER ROAD
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: VP ( ) Delete
Name: OLSON, JAMES M
Address: 1339 RIVER ROAD
City-St-Zip: FORT MYERS, FL 33903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: DILNY, SCOTT G
Address: 54250 N CALUMET STREET
City-St-Zip: LAKE LINDEN, MI 49945

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT G DILNY P 07/16/2009

Electronic Signature of Signing Officer or Director Date