

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000105201

FILED
Apr 27, 2006
Secretary of State

Entity Name: CENTRAL FLORIDA GRAPHICS, INC. OF ORLANDO

Current Principal Place of Business:

423 WHITCOMB DR
GENEVA, FL 32732

New Principal Place of Business:

Current Mailing Address:

423 WHITCOMB DR
GENEVA, FL 32732

New Mailing Address:

FEI Number: 59-3601949

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ATWELL, JAMES W JR.
423 WHITCOMB DR
GENEVA, FL 32732 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: ATWELL, JAMES W JR.
Address: 423 WHITCOMB DR.
City-St-Zip: GENEVA, FL 32732

Title: D () Delete
Name: ATWELL, LORITA A
Address: 162 A SPRINGWOOD CIRCLE
City-St-Zip: LONGWOOD, FL 32750 19

Title: COB () Delete
Name: ATWELL, PAUL C
Address: P O BOX 951961
City-St-Zip: LAKEMARY, FL 32795

Title: VP () Delete
Name: ATWELL, JULIE M
Address: 423 WHITCOMB DR.
City-St-Zip: GENEVA, FL 32732

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: JULIE ATWELL

VP

04/27/2006

Electronic Signature of Signing Officer or Director

Date