


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90555 036 \*\*\*\*50.00

|   |                                 |   |  |   |  |
|---|---------------------------------|---|--|---|--|
| <b>DOCUMENT # L03000018819</b><br>1. Entity Name<br><b>GT GRAPHICS &amp; CUSTOMS, LLC</b>   |                                 |   |  |  |  |
| Principal Place of Business<br><b>721-B 7TH AVE. WEST<br/>BRADENTON, FL 34205</b>   |                                 |   | Mailing Address<br><b>721-B 7TH AVE. WEST<br/>BRADENTON, FL 34205</b>  |   |  |
| 2. Principal Place of Business  |                                 | 3. Mailing Address  |  |   |  |
| Suite, Apt. #, etc.   |                                 | Suite, Apt. #, etc.   |  |   |  |
| City & State  |                                 | City & State  |  |   |  |
| Zip   | Country                         | Zip   | Country  | 4. FEI Number<br><b>54-2113216</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required  |                                 |   |  | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| 6. Name and Address of Current Registered Agent   |                                 |   | 7. Name and Address of New Registered Agent  |   |  |
| <b>PAQUETTE, TERESA<br/>721-B 7TH AVE. WEST<br/>BRADENTON, FL 34205</b>   |                                 |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="text-align: right;"><b>FL</b> Zip Code</div> |   |  |
| 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.   |                                 |   |  |   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |                                 |   |  |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2004</b>   |                                 | Make check payable to<br><b>Florida Department of State</b> |  |   |  |
| 9. MANAGING MEMBERS/MANAGERS  |                                 |   | 10. ADDITIONS/CHANGES  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete |   | MEMBER/DIRECTOR<br><b>TERESA PAQUETTE<br/>1211 21ST ST W<br/>BRADENTON, FL 34205</b>   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete |   | MEMBER/DIRECTOR<br><b>GARY PAQUETTE<br/>1211 21ST ST W<br/>BRADENTON, FL 34205</b>   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| 11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. |                                 |   |  |   |  |
| SIGNATURE: <b>Teresa Paquette</b><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |                                 |   | Date: <b>2/11/04</b> Daytime Phone #: <b>(941) 747-5497</b>  |   |  |