



2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

  
**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000020935</b> 1. Entity Name RED BARN GRAPHICS, INC.	
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Principal Place of Business 1825 WEST FRENCH AVENUE ORANGE CITY, FL 32763 US	Mailing Address POST OFFICE BOX 740789 OANGE CITY, FL 32774-0789 US
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DO NOT WRITE IN THIS SPACE

04262004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3404327	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MCCRAY, MONICA M  
1825 WEST FRENCH AVENUE  
ORANGE CITY, FL 32774

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

**FILE NOW!!! FEE IS \$150.00**  
 After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE	V
NAME	MCCRAY, CATHERINE
STREET ADDRESS	1825 WEST FRENCH AVENUE
CITY- ST- ZIP	ORANGE CITY, FL
TITLE	P
NAME	MCCRAY, MONICA MARIE B
STREET ADDRESS	1825 WEST FRENCH AVENUE
CITY- ST- ZIP	ORANGE CITY, FL
TITLE	ST
NAME	DEIHL, LAURINDA
STREET ADDRESS	1040 W. FRENCH AVE
CITY- ST- ZIP	ORANGE CITY, FL 32763
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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1-96000046120  
 99 10/04-90050-020 150.00

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: Monica M. McCray Monica M McCray 26 April 04 386-775-1224  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #