

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S62989

FILED
Apr 26, 2005
Secretary of State

Entity Name: STRIPEMAN GRAPHIX, INC.

Current Principal Place of Business:

2415 BLANDING BLVD
STE 4
JACKSONVILLE, FL 32210 US

Current Mailing Address:

2415 BLANDING BLVD
SUITE 4
JACKSONVILLE, FL 32210 US

New Principal Place of Business:

2415 BLANDING BLVD
STE 1
JACKSONVILLE, FL 32210 US

New Mailing Address:

FEI Number: 59-3076280 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MESSINA, KEVIN
6312 IAN CHAD DRIVE E
JACKSONVILLE, FL 32244 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: BROWN, PAUL L. III,
Address: 5647 GREAT PINE LN N
City-St-Zip: JACKSONVILLE, FL 32244

Title: P () Delete
Name: MESSINA, JOHN K
Address: 6312 IAN CHA DRIVE, EAST
City-St-Zip: JACKSONVILLE, FL

Title: ST () Delete
Name: MESSINA, KATHRYN A.,
Address: 6312 IAN CHAD DR E.
City-St-Zip: JACKSONVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change () Addition
Name: BROWN, PAUL L. III,
Address: 2519 SHELBY CREEK RD W
City-St-Zip: JACKSONVILLE, FL 32221

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 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 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: JOHN K MESSINA

P

04/26/2005

Electronic Signature of Signing Officer or Director

_____ Date