

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 27, 2004 08:00 AM  
Secretary of State

DOCUMENT # P00000029948

1. Entity Name

JR CUSTOM GRAPHICS, INC.



Principal Place of Business  
8601 SE ROYAL ST.  
HOBE SOUND FL 33455

Mailing Address  
8601 SE ROYAL ST.  
HOBE SOUND FL 33455

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number 65-0995939

Applied For  
Not Applied

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SABARESE, RICHARD C  
8601 SE ROYAL ST.  
HOBE SOUND FL 33455

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May E  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME SABARESE, JANET C  
STREET ADDRESS 8601 SE ROYAL ST.  
CITY-ST-ZIP HOBE SOUND FL 33455

TITLE ☐ Change ☐ Add  
NAME ☐ Change ☐ Add  
STREET ADDRESS 000000014439  
CITY-ST-ZIP 01/27/04-80023-015 150.00

TITLE D ☐ Delete  
NAME SABARESE, RICHARD C  
STREET ADDRESS 8601 SE ROYAL ST.  
CITY-ST-ZIP HOBE SOUND FL 33455

TITLE ☐ Change ☐ Add  
NAME ☐ Change ☐ Add  
STREET ADDRESS ☐ Change ☐ Add  
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CITY-ST-ZIP ☐ Change ☐ Add

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Richard C. Sabarese* 1/21/04 772-545-3815  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR