


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90187 001 ***150.00

DOCUMENT # P01000096140		
1. Entity Name GRAPHIC DISPLAY, INC.		

Principal Place of Business 530 3 COMMERCE DR. S. UNIT 3 LARGO, FL 33755	Mailing Address 1430 CLEVELAND STREET CLEARWATER, FL 33755
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2. Principal Place of Business 530 Commerce Dr. S.		3. Mailing Address 530 Commerce Dr. S.	
Suite, Apt. #, etc. #3		Suite, Apt. #, etc. #3	
City & State Largo FL		City & State Largo FL	
Zip 33770	Country U.S.	Zip 33770	Country U.S.



04282004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3746627		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SPIEWAK, JOE M 1430 CLEVELAND ST CLEARWATER, FL 33755-5200		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 530 Commerce Dr S. #3 City Largo FL Zip Code 33770

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**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SPIEWAK, JOE M 1430 CLEVELAND ST. CLEARWATER, FL 33755 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	530 Commerce Dr. S. #3 Largo, FL 33770 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **Joe SPIEWAK** 4/29/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #