


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # 352172		
1. Entity Name MULTI-COLOR PRINTING, INC.		

Principal Place of Business 1249 DIXIE CUTOFF RD STUART FL 34994-3437	Mailing Address 1249 DIXIE CUTOFF RD STUART FL 34994-3437
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number **59-1271895**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SCHMOYER, JAMES B
1249 DIXIE CUTOFF RD
STUART FL 34994**

7. Name and Address of New Registered Agent

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 Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SCHMOYER, STEPHEN M	
STREET ADDRESS	1249 DIXIE CUTOFF ROAD	
CITY - ST - ZIP	STUART FL	

TITLE	S	<input type="checkbox"/> Delete
NAME	SCHMOYER, SANDRA L.	
STREET ADDRESS	1249 DIXIE CUTOFF RD.	
CITY - ST - ZIP	STUART FL	

TITLE	VPD	<input type="checkbox"/> Delete
NAME	SCHMOYER JR, JAMES B	
STREET ADDRESS	1249 DIXIE CUTOFF ROAD	
CITY - ST - ZIP	STUART FL	

TITLE	TD	<input type="checkbox"/> Delete
NAME	SCHMOYER SR, JAMES B	
STREET ADDRESS	1249 CUTOFF ROAD	
CITY - ST - ZIP	STUART FL	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U00000018544	
STREET ADDRESS	01/28/04-80140-008 150.00	
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY - ST - ZIP		

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CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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:

JAMES B. SCHMOYER, SR

1/21/04

772-287-1676