2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # 387171

1. Entity Name
SERIGRAPHIC ARTS, INC.

Principal Place of Business	Mailing Address
% DAVID W. JOHNSON 6806 PARKE EAST BLVD. TAMPA, FL 33610-1109	% DAVID W. JOHNSON 6806 PARKE EAST BLVD. TAMPA, FL 33610-1109

01092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1359888
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JOHNSON, DAVID W.
6806 PARKE EAST BLVD
TAMPA, FL

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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, if applicable, the office address of registered agent) (NOTE: Registered agent signature required by law in certain circumstances)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	JOHNSON, DAVID W.
STREET ADDRESS	6806 PARKE EAST BLVD
CITY-ST ZIP	TAMPA, FL
TITLE	D
NAME	JOHNSON, DAVID W.
STREET ADDRESS	6806 PARKE EAST BLVD
CITY-ST ZIP	TAMPA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST ZIP	

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04/24/07-80075-011 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ David W Johnson 04/12/07 (813) 626-1070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #