


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 13, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 530082**  
 1. Entity Name  
**IMAGE & GRAPHIC SERVICES, INC.**



Principal Place of Business <b>7702 INDUSTRIAL LANE          P. O. BOX 291788          TAMPA, FL 33687-8788</b>	Mailing Address <b>7702 INDUSTRIAL LANE          P. O. BOX 291788          TAMPA, FL 33687-8788</b>
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**DO NOT WRITE IN THIS SPACE**



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-1730212</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**DONNELLY, PARTICK W  
 502 S FREEMONT APT 706  
 TAMPA, FL 33606**

**DO NOT WRITE IN THIS SPACE**

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 with 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

U00000050781  
 02/16/04-80025-005 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DONNELLY, PATRICK 502 S FREEMONT APT 706 TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DONNELLY, MICHAEL C/O 7702 INDUSTRIAL LN TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ROMANO, NICOLO 528 FLAMINGO DRIVE APOLLO BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **2-11-04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #