


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # 647230 1. Entity Name SUPRA COLOR ENTERPRISES, INC.		
Principal Place of Business 1980 NORTH ATLANTIC AVENUE SUITE 704 COCOA BEACH, FL 32931		Mailing Address 1980 NORTH ATLANTIC AVENUE SUITE 704 COCOA BEACH, FL 32931
DO NOT WRITE IN THIS SPACE		
8. Name and Address of Current Registered Agent TEZEL, KURT 1980 N ATLANTIC AVE. 704 COCOA BEACH, FL 32931		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 _____ <small>Signature of person or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	TEZEL, ALI O	
STREET ADDRESS	1980 N ATLANTIC AVE #704	
CITY- ST- ZIP	COCOA BEACH, FL	
TITLE	SD	
NAME	TEZEL, FERN K	
STREET ADDRESS	1980 N ATLANTIC AVE. 704	
CITY- ST- ZIP	COCOA BEACH, FL	
TITLE	DP	
NAME	TEZEL, KURT	
STREET ADDRESS	1980 N ATLANTIC AVE 704	
CITY- ST- ZIP	COCOA BCH, FL	
TITLE	D	
NAME	TEZEL, SUZAN	
STREET ADDRESS	43 PINE HILL ROAD	
CITY- ST- ZIP	CHELMSFORD, MA 01824	
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		
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)(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: <u>Kurt Tezel Pres.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>4/25/05</u> <u>321.784.1406</u> <small>Date Daytime Phone #</small>



01262005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2002662

Applied For
Not Applicable

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

000000334310
04/27/05-80039-015 150.00

**DO NOT WRITE
IN THIS SPACE**