

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90039 029 ***150.00

DOCUMENT # 692549

1. Entity Name

C M GRAPHICS, INC.



Principal Place of Business

CM GRAPHICS INC
844 S MILITARY TRAIL
DEERFIELD BEACH FL 33442
US

Mailing Address

844 S. MILITARY TRAIL
DEERFIELD BEACH FL 33442
US

2. Principal Place of Business

1432 E. Newport Center DR.

Suite, Apt. #, etc.

Suite B

City & State

Deerfield Bch, FL

Zip

33442

Country

USA

3. Mailing Address

1432 E. Newport Center DR.

Suite, Apt. #, etc.

Suite B

City & State

Deerfield Beach, FL

Zip

33442

Country

USA



MOORE

CR2E034 (11/03)

4. FEI Number

59-2106301

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MEDCRAFT, CHARLES, S
844 S. MILITARY TRAIL
DEERFIELD BEACH FL 33442

7. Name and Address of New Registered Agent

Name

MEDCRAFT, CHARLES S.

Street Address (P.O. Box Number is Not Acceptable)

1432 E. Newport Center Drive Ste B

City

Deerfield Beach

FL

Zip Code

33442

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 VT ☐ Delete
NAME MEDCRAFT, VICTOR C.
STREET ADDRESS 2850 FOREST HILLS BLVD. #301
CITY-ST-ZIP CORAL SPRINGS FL

TITLE P ☐ Delete
NAME MEDCRAFT, CHARLES S
STREET ADDRESS 7120 W CYPRESS HEAD DRIVE
CITY-ST-ZIP PARKLAND FL 33067

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Charles S. Medcraft, Pres 2-24-04 954 421-4522