

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F03000000448

1. Entity Name  
DENYSE SIGNS/WOODGRAPHICS, INC.



FILED

04 OCT -4 PM 3:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

8729 S. FLAT ROCK RD.  
DOUGLASVILLE, GA 30134

Mailing Address

8729 S. FLAT ROCK RD.  
DOUGLASVILLE, GA 30134

2. Principal Place of Business

4521 INDUSTRIAL ACCESS BLVD.  
Suite, Apt. #, etc.

3. Mailing Address

4521 INDUSTRIAL ACCESS BLVD.  
Suite, Apt. #, etc.

09182004

Chg-P

CR2E034 (10/03)

City & State

DOUGLASVILLE, GA

City & State

DOUGLASVILLE, GA

4. FEI Number

58-1870023

Applied For

Not Applicable

Zip

30134

Country

USA

Zip

30134

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

STEVNES, BARBARA  
1300 PONCE DE LEON AVE.  
JACKSONVILLE BEACH, FL 32250

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 \$550.00**  
**Due by September 8, 2004**  
**OCTOBER 1**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE C ☐ Delete  
NAME DENYSE, ALLEN  
STREET ADDRESS 5305 TURTLE CREEK DR.  
CITY-ST-ZIP DOUGLASVILLE, GA 30135

TITLE VC ☐ Delete  
NAME DENYSE, JENNIFER  
STREET ADDRESS 5305 TURTLE CREEK DR.  
CITY-ST-ZIP DOUGLASVILLE, GA 30135

TITLE P ☐ Delete  
NAME BRIDGENS, STEVE  
STREET ADDRESS 3613 MILL GLEN DR.  
CITY-ST-ZIP DOUGLASVILLE, GA 30135

TITLE VP ☐ Delete  
NAME PEACOCK, THESIE  
STREET ADDRESS 4970 DONNYBROOK LANE  
CITY-ST-ZIP DOUGLASVILLE, GA 30135

TITLE S ☐ Delete  
NAME MCDANIEL, RANDY  
STREET ADDRESS 137 WENDY LANE  
CITY-ST-ZIP DOUGLASVILLE, GA 30134

TITLE T ☐ Delete  
NAME CONINE, RUSSELL  
STREET ADDRESS 697 TYNSDALE DR.  
CITY-ST-ZIP DOUGLASVILLE, GA 30135

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition  
NAME 100041571281  
STREET ADDRESS 10/04/04--01041--010 \*\*\$550.00  
CITY-ST-ZIP

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

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

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

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-30-04

710.942.0688

Date

Daytime Phone #