

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90015 035 ***150.00

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1. Entity Name

LARRY'S GRAPHIC SERVICES, INC.



Principal Place of Business

228 BILBAO DRIVE
ST. AUGUSTINE FL 32086

Mailing Address

228 BILBAO DRIVE
ST. AUGUSTINE FL 32086

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-1826666

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EMARD, LAWRENCE W
228 BILBAO DRIVE
ST. AUGUSTINE FL 32086

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.

LAWRENCE W. EMARD
PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

3/22/04
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 - CPT ☐ Delete
NAME EMARD, LAWRENCE W
STREET ADDRESS 228 BILBAO DRIVE
CITY-ST-ZIP ST. AUGUSTINE FL 32086

TITLE - V ☐ Delete
NAME HANSELL, CATHERINE
STREET ADDRESS 442 SUMMIT CLUB DRIVE
CITY-ST-ZIP MARIETTA GA 30068

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
STREET ADDRESS
CITY-ST-ZIP

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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

LAWRENCE W. EMARD
PRESIDENT

3/22/04

(904) 797-9020

Date

Daytime Phone #