

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2004 08:00 AM
Secretary of State

DOCUMENT # F56814 1. Entity Name WILDERNESS GRAPHICS, INC.	
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Principal Place of Business 324-G WEST VAN BUREN STREET TALLAHASSEE, FL 32301 US	Mailing Address PO BOX 1635 TALLAHASSEE, FL 32301 US
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DO NOT WRITE IN THIS SPACE



01292004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2176079	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent COOK A. LEE 411 WILLIAMS ST. TALLAHASSEE, FL 32303	DO NOT WRITE IN THIS SPACE
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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 A. Lee Cook A. Lee Cook 2/29/04
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	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST COOK, A LEE 69 WALKER CREEK DRIVE SHELL POINT, FL 32327
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP COOK, R MARVIN JR 69 WALKER CREEK DRIVE SHELL POINT, FL 32327
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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03/01/04-80024-020 150.00

**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)(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: A. Lee Cook 2/29/04 850 224 6414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #