

2004, FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90019 039 ***150.00

DOCUMENT # F98000004697

1. Entity Name

SPECIALTY GRAPHIC TECHNOLOGIES, INC.



Principal Place of Business

16011 N NEBRASKA AVE
SUITE 103
LUTZ FL 33549
US

Mailing Address

16011 N NEBRASKA AVE
SUITE 103
LUTZ FL 33549
US

2. Principal Place of Business

8504 ADAMO DR.
Suite, Apt. #, etc.
UNIT J

3. Mailing Address

PO. Box 89154
Suite, Apt. #, etc.



MOORE CR2E034 (11/03)

City & State

TAMPA, FL

City & State

TAMPA, FL

4. FEI Number

58-0813042

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STORCH, CARL A
16011 N NEBRASKA AVE
SUITE 103
LUTZ FL 33549

7. Name and Address of New Registered Agent

Name **STORCH, CARL A**
Street Address (P.O. Box Number is Not Acceptable)
306 9th AVENUE EAST
City **PALMETTO** FL Zip Code **34221**

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

Carl Storch **CARL STORCH**

1-27-04

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

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	PD	<input type="checkbox"/> Delete
NAME	STORCH, CARL A	
STREET ADDRESS	12875 SANCTUARY COVE DR #2015	
CITY-ST-ZIP	TEMPLE TERRACE FL 33637	
TITLE	S	<input type="checkbox"/> Delete
NAME	STORCH, LINDA	
STREET ADDRESS	308 MILL POND RD	
CITY-ST-ZIP	ROSWELL GA	
TITLE	CD	<input type="checkbox"/> Delete
NAME	STORCH, H A	
STREET ADDRESS	308 MILL POND RD	
CITY-ST-ZIP	ROSWELL GA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CARL A. STORCH	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	306 9th AVENUE EAST	
CITY-ST-ZIP	PALMETTO, FL 34221	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HURSCHEL STORCH	
STREET ADDRESS	308 MILL POND RD	
CITY-ST-ZIP	ROSWELL, GA. 30076	
TITLE	VICE PRESIDENT-DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARSHALL WILLIAMS	
STREET ADDRESS	5814 CROOKED CREEK	
CITY-ST-ZIP	NOXECROSS, GA. 30092	
TITLE	CHIEF FINANCIAL OFFICER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM DONAHUE	
STREET ADDRESS	37153 MC MINN AVE	
CITY-ST-ZIP	DARY CITY, FL 33525	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Carl Storch* **CARL STORCH**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/04 **813 949-7419**

Date

Daytime Phone #