


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # G13808 1. Entity Name WINTER PARK SCREEN PRINT, INC.	
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Principal Place of Business 1112 SOLANA AVENUE P. O. BOX 2338 (WINTER PARK, FL. 32790) WINTER PARK, FL. 32789	Mailing Address PO BOX 2338 WINTER PARK, FL. 32790 US
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01032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2244028	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JACKSON, GRAHAM E., JR.
 220 BLOSSOM LANE
 WINTER PARK, FL. 32789

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000313177
 04/18/05-80116-001 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	M JACKSON, GRAHAM E, JR 1112 SOLANA AVENUE WINTER PARK, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPV JACKSON, GRAHAM E, JR 1112 SOLANA AVENUE WINTER PARK, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST JACKSON, CHERYL G 1112 SOLANA AVENUE WINTER PARK, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: Cheryl G Jackson Cheryl G Jackson 4-15-05 407-629-1040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #