


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 28, 2008 8:00 am
Secretary of State


04-30-2008 90162 045 ***150.00

DOCUMENT # G13808	
1. Entity Name WINTER PARK SCREEN PRINT, INC.	

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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DO NOT WRITE IN THIS SPACE

66012376



01082008 'No Chg-P' CR2E034 (11/05)

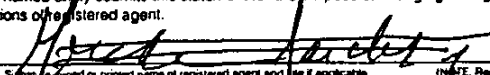

4. FEI Number 59-2244028	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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 the registered agent.

SIGNATURE  DATE 

Sign, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reappointing)

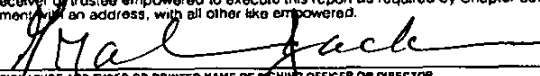
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

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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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  4-11-08 (407) 629-1040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #