

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G67307

FILED  
Feb 10, 2004  
Secretary of State

Entity Name: IDEAL PRINTING OF HYPOLUXO, INC.

**Current Principal Place of Business:**

3747 S CONGRESS AVE  
LAKE WORTH, FL 33461

**New Principal Place of Business:**

**Current Mailing Address:**

3747 S CONGRESS AVE  
LAKE WORTH, FL 33461

**New Mailing Address:**

FEI Number: 59-2362094

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GERVASI, NICHOLAS  
3753 BARKIS AVE  
BOYNTON BEACH, FL 33436 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: V ( ) Delete  
Name: GERVASI, MARY,  
Address: 3753 BARKIS AVE  
City-St-Zip: BOYNTON BEACH, FL 33436

Title: P ( ) Delete  
Name: GERVASI, NICHOLAS,  
Address: 3753 BARKIS AVE  
City-St-Zip: BOYNTON BEACH, FL 33436

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S ( ) Change (X) Addition  
Name: COSGROVE, SHANNON K SECY  
Address: 3933 DORRIT AVENUE  
City-St-Zip: BOYNTON BEACH, FL 33436

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHANNON COSGROVE

SECY

02/10/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date