

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # H59146

1. Entity Name
GUNN PRINTING AND LITHOGRAPHY, INC.



Principal Place of Business
**4415 W. MARTIN LUTHER KING BLVD.
TAMPA, FL 33614**

Mailing Address
**4415 W. MARTIN LUTHER KING BLVD.
TAMPA, FL 33614**

DO NOT WRITE IN THIS SPACE



04212004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2527026

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**GUNN, CLARK H
16 MAYTEN COURT W
HOMOSASSA, FL 34446**

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

**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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GUNN, PATRICK D. 4826 FLAMINGO ROAD WEST TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C GUNN, CLARK H. 16 MAYTEN CT W HOMOSASSA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V GUNN, MICHAEL J 4810 W. EUCLID TAMPA, FL 33629
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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04/26/04-80084-013 150.00

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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)(f), 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: *Patrick D. Gunn CEO*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/04 *813/870-6010*
Date Daytime Phone #