

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

FILED

2004 MAY 12 PM 2:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # J26302

1. Entity Name  
ANDY OLSEN GRAPHICS, INC.



Principal Place of Business

C/O CHERYL P. OLSEN  
6675 CORTO ROAD  
COCOA, FL 32927

Mailing Address

C/O CHERYL P. OLSEN  
6675 CORTO ROAD  
COCOA, FL 32927



03292004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2702096

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

OLSEN, CHERYL P.  
6675 CORTO ROAD  
COCOA, FL 32927

**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	PD OLSEN, CHERYL P. 6675 CORTO ROAD COCOA, FL 32927
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

300036275333  
05/13/04--01077--003 \*\*400.00

300036275333  
05/13/04--01077--004 \*\*150.00

**DO NOT WRITE  
IN THIS SPACE**

5/12  
Jem

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 P. Olsen Pres. 4-4-04 321 267-0120  
Signature, typed or printed name of signing officer or director Date Daytime Phone #