


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2004 08:00 AM
Secretary of State

DOCUMENT # J26484																																										
<small>1. Entity Name</small> COMMERCIAL COLOR GRAPHICS, INC.																																										
<small>Principal Place of Business</small> 241 DOUGLAS RD., E. UNIT 1 OLDSMAR, FL 34677-2913 US	<small>Mailing Address</small> P.O. BOX 3867 HOLIDAY, FL 34690 US																																									
DO NOT WRITE IN THIS SPACE																																										
<small>6. Name and Address of Current Registered Agent</small> BOWERS, GEORGE R 11051 WEDGEMERE DR TRINITY, FL 34655		<div style="text-align: center; font-weight: bold; font-size: 18px;">DO NOT WRITE IN THIS SPACE</div>																																								
<small>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.</small>																																										
<div style="display: flex; justify-content: space-between;"><div><small>SIGNATURE</small> <small>Signature, typed or printed name of registered agent and title if applicable.</small></div><div><small>(NOTE: Registered Agent signature required when reinstating)</small></div><div><small>DATE</small></div></div>																																										
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		<small>9. Election Campaign Financing</small> <small>Trust Fund Contribution.</small> <input type="checkbox"/> \$5.00 May Be Added to Fees																																								
<div style="display: flex;"><div style="width: 45%; border-right: 1px solid black; padding-right: 5px;"><div style="text-align: center; font-weight: bold; font-size: 10px;">10. OFFICERS AND DIRECTORS</div><table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 20%; font-size: 8px;">TITLE</td><td>DV</td></tr><tr><td style="font-size: 8px;">NAME</td><td>BOWERS, GEORGE R</td></tr><tr><td style="font-size: 8px;">STREET ADDRESS</td><td>11051 WEDGEMERE DR</td></tr><tr><td style="font-size: 8px;">CITY - ST - ZIP</td><td>TRINITY, FL 34655</td></tr><tr><td style="font-size: 8px;">TITLE</td><td>P</td></tr><tr><td style="font-size: 8px;">NAME</td><td>LATIF, EDMUND E.</td></tr><tr><td style="font-size: 8px;">STREET ADDRESS</td><td>7921 CAMERON CAY CT.</td></tr><tr><td style="font-size: 8px;">CITY - ST - ZIP</td><td>NEW PORT RICHEY, FL</td></tr><tr><td style="font-size: 8px;">TITLE</td><td></td></tr><tr><td style="font-size: 8px;">NAME</td><td></td></tr><tr><td style="font-size: 8px;">STREET ADDRESS</td><td></td></tr><tr><td style="font-size: 8px;">CITY - ST - ZIP</td><td></td></tr><tr><td style="font-size: 8px;">TITLE</td><td></td></tr><tr><td style="font-size: 8px;">NAME</td><td></td></tr><tr><td style="font-size: 8px;">STREET ADDRESS</td><td></td></tr><tr><td style="font-size: 8px;">CITY - ST - ZIP</td><td></td></tr><tr><td style="font-size: 8px;">TITLE</td><td></td></tr><tr><td style="font-size: 8px;">NAME</td><td></td></tr><tr><td style="font-size: 8px;">STREET ADDRESS</td><td></td></tr><tr><td style="font-size: 8px;">CITY - ST - ZIP</td><td></td></tr></table></div><div style="width: 55%; padding-left: 5px; text-align: center;"><div style="font-weight: bold; font-size: 14px;">DO NOT WRITE IN THIS SPACE</div></div></div>			TITLE	DV	NAME	BOWERS, GEORGE R	STREET ADDRESS	11051 WEDGEMERE DR	CITY - ST - ZIP	TRINITY, FL 34655	TITLE	P	NAME	LATIF, EDMUND E.	STREET ADDRESS	7921 CAMERON CAY CT.	CITY - ST - ZIP	NEW PORT RICHEY, 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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<small>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.</small>																																										
SIGNATURE <i>X [Signature]</i>		DATE <i>X 3/17/04</i>																																								
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>																																								