

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 08, 2004 8:00 am**  
**Secretary of State**

01-08-2004 90101 023 \*\*\*\*50.00

**DOCUMENT # L00000007441**


1. Entity Name  
**ST. JOHN PRINTING & GRAPHIC DESIGN, LLC**



Principal Place of Business      Mailing Address  
**3502 ASHLING DRIVE**      **3502 ASHLING DRIVE**  
**LAKELAND, FL 33803**      **LAKELAND, FL 33803**

2. Principal Place of Business      3. Mailing Address  
**2038 S. Combee Rd**      **2038 S. Combee Rd.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Lakeland, FL**      **Lakeland, FL**  
 Zip      Country      Zip      Country  
**33801**      **FL**      **33801**      **FL**



01062004    Chg-LLC      CR2E083 (10/03)

4. FEI Number      Applied For  
**59-3654826**       Not Applicable

5. Certificate of Status Desired       **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

**DIONNE, DORIS**  
**3502 ASHLING DRIVE**  
**LAKELAND, FL 33803**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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

**Filing Fee is \$50.00 Due by May 1, 2004**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DIONNE, DORIS 3502 ASHLING DRIVE LAKELAND, FL 33803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** Doris L. Dionne      1-5-04      863-667-4945  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #