FILED
May 25, 2004 8:00 am
Secretary of State

04-01-2004 90218 008 ****50.00

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2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L03000039647

1. Entity Name

COLOR WORKS INK & SIGNMAKING SUPPLIES, LLC

34007458

MOORE CR2E083 (11/03)

Principal Place of Business	Mailing Address
6067 SANDILL RIDGE DR. LITHIA FL 33547	6067 SANDILL RIDGE DR. LITHIA FL 33547

2. Principal Place of Business	3. Mailing Address
6067 SANDHILL Ridge Dr.	6067 SANDHILL Ridge Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LITHIA, FL	City & State: LITHIA, FL
Zip: 33547 Country: USA	Zip: 33547 Country: USA

4. FEI Number: 59-2626703 — ☐ Applied For ☐ 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
YORK, MARTHA F 6067 SANDILL RIDGE DR. LITHIA FL 33547	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 ______ Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR-M MARTHA F YORK 6067 SANDHILL Ridge Drive LITHIA FL 33547 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR-M JAmes H. York 6067 SANdhill Ridge Dr. LITHIA, FL 33547 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Martha F. York — 03/26/04 — 813-654-9594

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #