

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # L04890

1. Entity Name
STATE OF THE ART PRINTING, INC.



Principal Place of Business
**C/O MICHAEL J. PUCILLO
450 NORTH LAKE BLVD.
NORTH PALM BEACH, FL 33408**

Mailing Address
**4149 BURNS RD
PALM BCH GARDENS, FL 33410-4605**



01122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0134467

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**PUCILLO, MICHAEL J.
321 ROYAL POINCIANA PLZ
PALM BEACH, FL 33480**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **BUCKLEY, ROBERT**
STREET ADDRESS **4149 BURNS RD**
CITY-STATE-ZIP **WEST PALM BEACH, FL 33410**

TITLE **VPST**
NAME **OLIVER, LYNN C**
STREET ADDRESS **4149 BURNS RD**
CITY-STATE-ZIP **WEST PALM BEACH, FL 33410**

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1100000268731
03/18/05-80055-011 150.00

**DO NOT WRITE
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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/05 **561-622-5757**
Daytime Phone #