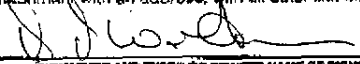


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # L22144		
1. Entity Name GRAPHICS TEAM, INC.		
Principal Place of Business % DAVID P. WATSON 14100 US HWY 19 N, STE 109 CLEARWATER, FL 33764		Mailing Address % DAVID P. WATSON 14100 US HWY 19 N, STE 109 CLEARWATER, FL 33764
DO NOT WRITE IN THIS SPACE		
		 04262004 No Chg-F CR2E034 (10/03)
4. FEI Number 59-2970551		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent WATSON, DAVID P. 14100 US HWY 19 N, STE 109 CLEARWATER, FL 33764		DO NOT WRITE IN THIS SPACE
7. 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 Agents signatures must be written hereafter) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		8. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		1000000135019 04/28/04-80078-003 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WATSON, DAVID P. 14100 US HWY 19N, #109 CLEARWATER, FL 33764	
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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)(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:  DAVID P. WATSON		9/26/04 727-530-3711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #