


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L22144</b>		
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	



01132005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2970551	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

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IN THIS SPACE**

6. Name and Address of Current Registered Agent  WATSON, DAVID P. 14100 US HWY 19 N, STE 109 CLEARWATER, FL 33764	
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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. <input type="checkbox"/> \$5.00 May Be Added to Fees	1100000240321 02/23/05-80026-014 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP WATSON, DAVID P. 14100 US HWY 19N, #109 CLEARWATER, FL 33764
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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:**  D. P. WATSON 2/21/05 727-530-3711  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #