

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90009 048 ***150.00

DOCUMENT # L54085

1. Entity Name

BROCHURE GRAPHICS, INC.



Principal Place of Business

5125 ADANSON STREET
SUITE 200
ORLANDO FL 32804
US

Mailing Address

11000 S. OCEAN DR.
4F
JENSEN BEACH FL 34957
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-2988173

Applied For
Not Applicable

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



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

SENA, JOEL D.
5628 TRIMBLE PARK RD.
MT. DORA FL 32757

7. Name and Address of New Registered Agent

Name **SENA, JOEL D.**
Street Address (P.O. Box Number is Not Acceptable)
11000 So. Ocean DR. 4F
City **JENSEN BEACH** FL Zip Code **34957**

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

2-25-04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE **PVD** ☐ Delete
NAME **SENA, JOEL D.**
STREET ADDRESS **11000 S. OCEAN DR APT 4F**
CITY-ST-ZIP **JENSEN BEACH FL 34957**

TITLE **TSD** ☐ Delete
NAME **SENA, CHRISTINE G.**
STREET ADDRESS **11000 S. OCEAN DR. APT. 4F**
CITY-ST-ZIP **JENSEN BEACH FL 34957**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-04

Date

772 229 6948

Daytime Phone #