

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L83247

FILED
Apr 21, 2004
Secretary of State

Entity Name: DESIGN GRAPHICS ADVERTISING ASSOCIATES, INC.

Current Principal Place of Business:

% SUSAN C. DAVIS
6902-B COMMERCE AVENUE
PORT RICHEY, FL 34668

New Principal Place of Business:

% SUSAN C. DAVIS
6620 RIDGE ROAD
PORT RICHEY, FL 34668

Current Mailing Address:

PO BOX 753
6902-B COMMERCE AVENUE
PORT RICHEY, FL 346730753 US

New Mailing Address:

PO BOX 753
6620 RIDGE ROAD
PORT RICHEY, FL 346730753 US

FEI Number: 59-3019823

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DAVIS, SUSAN C.
6902-B COMMERCE AVE.
PORT RICHEY, FL 34668

Name and Address of New Registered Agent:

DAVIS, SUSAN C.
6620 RIDGE ROAD
PORT RICHEY, FL 34668

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.

SIGNATURE: SUSAN C. DAVIS

04/21/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVS () Delete
Name: DAVIS SUSAN C.,
Address: 2299 GALAHAD AVE.
City-St-Zip: SPRING HILL, FL

Title: TD () Delete
Name: DAVIS SUSAN C.,
Address: 2299 GALAHAD AVE.
City-St-Zip: SPRING HILL, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVS (X) Change () Addition
Name: DAVIS SUSAN C.,
Address: 9485 WILDERNESS TRAIL
City-St-Zip: BROOKSVILLE, FL 34613

Title: TD (X) Change () Addition
Name: DAVIS SUSAN C.,
Address: 9485 WILDERNESS TRAIL
City-St-Zip: BROOKSVILLE, FL 34613

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN C. DAVIS

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04/21/2004

Electronic Signature of Signing Officer or Director

Date