## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 27, 2004 08:00 AM Secretary of State

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DOCUMENT # M65557  1. Entity Name DOLPHIN PRINTING, INC.	45.	>	
Principal Place of Business 2064 HARVARD ST. SARASOTA, FL 34237 US	Mailing Address 2064 HARVARD ST. SARASOTA, FL 34237	US	



## 01122004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0029486 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent FLISCHEL & TOWNSEND, PA DO NOT WRITE 900 E. PINE ST **SUITE 126** IN THIS SPACE ENGLEWOOD, FL 34223 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE KELLY, LEE R., JR. NAME 3100 HAWTHORNE ST 118 STREET ADDRESS CITY-ST-ZIP SARASOTA, FL U00000015455 01/28/04-80015-015 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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:

TITLE NAME STREET ADDRESS

ANATURE AND TYPED OF PRINTED NAME OF SQUING OFFICER OR DIRECTOR

1-23-04

941-953-2877