

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90029 044 ***150.00

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1. Entity Name
INTERFORM GRAPHICS, INC.



Principal Place of Business
990 E. MELBOURNE AVE.
MELBOURNE, FL 32901

Mailing Address
990 E. MELBOURNE AVE.
MELBOURNE, FL 32901

54011257



02192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3366875

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LOIS-FREDRICKS-INC
1501 ROBERT J CONLAN BLVD
STE 170
PALM BAY, FL 32905

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IN THIS SPACE**

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME NEWMAN, RON
STREET ADDRESS 949 HAAS AVE., NE
CITY-ST-ZIP PALM BAY, FL 32907

TITLE D
NAME GREENBERG, MITCH
STREET ADDRESS 265 LOGGERHEAD DR.
CITY-ST-ZIP MELBOURNE BEACH, FL 32951

TITLE D
NAME KASNEY, ARTHUR
STREET ADDRESS 581 VERBENIA CT.
CITY-ST-ZIP SATELLITE BEACH, FL 32937

TITLE D
NAME MARATTA, TIM
STREET ADDRESS 415 ADDISON AVE.
CITY-ST-ZIP PALM BAY, FL 32907

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #