

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000064346

1. Entity Name
SB GRAPHICS, INC.



Principal Place of Business

**9718-1 KATY DRIVE
HUDSON, FL 34667**

Mailing Address

**9718-1 KATY DRIVE
HUDSON, FL 34667**

DO NOT WRITE IN THIS SPACE



02262004 No Chg-P CR2E034 (10/03)

4. FEI Number

59-3658061

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NESSLER, PAUL H JR
4052 COMMERCIAL WAY
SPRING HILL, FL 34606**

**DO NOT WRITE
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 (file 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 **P**
NAME **SCHNEIDER, WILLIAM H**
STREET ADDRESS **11053 SUN TREE RD.**
CITY - ST - ZIP **HUDSON, FL 34667**

TITLE **V**
NAME **BAKER, HARRY L IV**
STREET ADDRESS **16814 ZINI DR**
CITY - ST - ZIP **HUDSON, FL 34667**

TITLE **S**
NAME **TAYLOR-SCHNEIDER, KAREN**
STREET ADDRESS **11053 SUN TREE RD**
CITY - ST - ZIP **HUDSON, FL 34667**

TITLE **T**
NAME **BAKER, PATRICIA A**
STREET ADDRESS **16814 ZINI DR**
CITY - ST - ZIP **HUDSON, FL 34667**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000097252
03/26/04-80031-008 150.00

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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 this 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: William H. Schneider
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-04 727-862-8546
Date Daytime Phone #