

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000093047

1. Entity Name
SEMINOLE INK & GRAPHIC SUPPLY, INC.



Principal Place of Business
**2722 E. CENTRAL BLVD.
ORLANDO, FL 32803**

Mailing Address
**2722 E. CENTRAL BLVD.
ORLANDO, FL 32803**



04132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3720637	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CUELLAR, ALEJANDRO
2722 E. CENTRAL BLVD.
ORLANDO, FL 32803**

**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 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

**000000152278
05/04/04-80077-016 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CUELLAR, ALEJANDRO
STREET ADDRESS	3231 WICKERSHAM COURT
CITY - ST - ZIP	ORLANDO, FL

TITLE	V
NAME	CUELLAR, JORGE
STREET ADDRESS	149 SHADOW TRAIL
CITY - ST - ZIP	LONGWOOD, FL

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**000000152278
05/04/04-80077-017 8.75**

**DO NOT WRITE
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)(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 persons empowered.

SIGNATURE:

Alejandro Cuellar
Alejandro Cuellar

Date

Daytime Phone #

407-895-1195