

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

02-25-2004 90063 037 \*\*\*150.00

**DOCUMENT # P01000010100**

1. Entity Name

LT GRAFIX & DESIGN, INC.



Principal Place of Business

7341 WATSON LANE  
PT. CHARLOTTE FL 33981

Mailing Address

PO BOX 5099  
ENGLEWOOD FL 34224-0099

2. Principal Place of Business

949 TAMIAKI TRAIL

3. Mailing Address

949 TAMIAKI TRAIL

Suite, Apt. #, etc.

206

Suite, Apt. #, etc.

206

City & State

PORT CHARLOTTE, FL.

City & State

PORT CHARLOTTE, FL.

Zip

33953-3170

Country

USA

Zip

33953-3170

Country

USA



MOORE

CR2E034 (11/03)

4. FEI Number

65-1070233

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BRADLEY, THERESE  
7341 WATSON LANE  
PT. CHARLOTTE FL 33981

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete

NAME BUSSELL, LORRAINE  
STREET ADDRESS 7341 WATSON LANE  
CITY-ST-ZIP PT. CHARLOTTE FL 33981

TITLE S ☐ Delete

NAME BRADLEY, THERESE  
STREET ADDRESS 7341 WATSON LANE  
CITY-ST-ZIP PT. CHARLOTTE FL 33981

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Therese Bradley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/19/04

Date

941 764-0980

Daytime Phone #