FILED
Apr 21, 2004 08:00 AM
Secretary of State

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000049125

1. Entity Name
DKM GRAPHICS, INC.

Principal Place of Business	Mailing Address
6697 NW 89TH AVENUE TAMARAC, FL 33321	6697 NW 89TH AVENUE TAMARAC, FL 33321

DO NOT WRITE IN THIS SPACE

01052004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1088220
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MCCLENDON, DELVIN K
6697 NW 89TH AVENUE
TAMARAC, FL, FL 33321

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

000001Z4-004
04/21/04-80085-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MCCLENDON, DELVIN K
STREET ADDRESS	6697 NW 89TH AVENUE
CITY-ST-ZIP	TAMARAC,, FL 33321
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
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CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Delvin McClendon Delvin McClendon 4/18/04 954 7221403 954 7846767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #