

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90027 022 \*\*\*150.00

<b>DOCUMENT # P01000050340</b> 1. Entity Name <b>PRINT MASTERS INTERNATIONAL, INCORPORATED</b>					
Principal Place of Business <b>12541 METRO PKY STE 12A FORT MYERS, FL 33912</b>			Mailing Address <b>12541 METRO PKY STE 12A FORT MYERS, FL 33912</b>		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country			3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country		
4. FEI Number <b>65-1101843</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>KATHY, LORI A 221 SW 14TH PL CAPE CORAL, FL 33991</b>				7. Name and Address of New Registered Agent  Name <b>GEORGE LANAGAN JR</b> Street Address (P.O. Box Number is Not Acceptable) <b>12541 METRO PARKWAY #12</b>  City <b>FT MYERS</b> FL      Zip Code <b>33912</b>	
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 <u><i>George Lanagan</i></u> DATE <b>4-16-04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LANAGAN, GEORGE R JR 2740 DEL PRADO BLVD #2-223 12541 METRO PKY CAPE CORAL, FL 33904 FT MYERS, FL 33912		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
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: <u><i>George Lanagan</i></u> DATE <b>4-16-04</b> DAYTIME PHONE # <b>239-225-0625</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					