

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2004 8:00 am**  
**Secretary of State**

03-17-2004 90044 048 \*\*\*150.00

DOCUMENT # P01000067197

1. Entity Name  
WAY COOL GRAPHIX & IMAGES, INC.



94031303

Principal Place of Business  
4260 N.W. 1ST AVENUE, SUITE #54  
BOCA RATON, FL 33431

Mailing Address  
4260 N.W. 1ST AVENUE, SUITE #54  
BOCA RATON, FL 33431



2. Principal Place of Business  
9210 SADDLECREEK DRIVE  
Suite, Apt. #, etc.

3. Mailing Address  
9210 SADDLECREEK DRIVE  
Suite, Apt. #, etc.

03072004 Chg-P CR2E034 (10/03)

City & State  
BOCA RATON, FL  
Zip  
33496  
Country

City & State  
BOCA RATON, FL  
Zip  
33496  
Country

4. FEI Number  
65-1121322  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

CARTER, DANIEL  
4260 N.W. 1ST AVENUE, SUITE #54  
BOCA RATON, FL 33431

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
9210 SADDLECREEK DRIVE  
BOCA RATON, FL 33496  
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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CARTER, DANIEL	
STREET ADDRESS	4260 N.W. 1ST AVENUE, SUITE #54	
CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PAYNE, CHRISTOPHER	
STREET ADDRESS	4260 N.W. 1ST AVENUE, SUITE #54	
CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	9210 SADDLECREEK DRIVE	
CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	9210 SADDLECREEK DRIVE	
CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: [Signature] President 3/15/04 361-8680413  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #