

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000109159

1. Entity Name
GRAPHIX SOLUTIONS OF SOUTHWEST FLORIDA, INC.



Principal Place of Business
**1424 SOUTHEAST 17TH AVENUE
CAPE CORAL, FL 33990**

Mailing Address
**1424 SOUTHEAST 17TH AVENUE
CAPE CORAL, FL 33990**



04142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1158059	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HARROP, WILLIAM
1006 SE 16 TERR.
#A21
CAPE CORAL, FL 33990**

**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

U000000137586

04/29/04-80047-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HARROP, WILLIAM D JR
STREET ADDRESS	1006 SE 16 TERRACE
CITY-ST-ZIP	CAPE CORAL, FL 33990

TITLE	VD
NAME	GERALDINE, HARROP
STREET ADDRESS	1006 SE 16TH TERR.
CITY-ST-ZIP	CAPE CORAL, FL 33990

TITLE	STD
NAME	HARROP, GERALDINE
STREET ADDRESS	1006 SE 16TH TERR.
CITY-ST-ZIP	CAPE CORAL, FL 33990

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04

Date

239-458-0221

Daytime Phone #