lacerie Moun

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

2004 FOR PROFIT CORPORATION **ANNUAL REPORT** DOCUMENT # P01000122399 1: Entity Name GENERATION GRAPHICS, INC.

FILED Apr 26, 2004 8:00 am Secretary of State 04-26-2004 90456 046 ***150.00

863-712-0422

Daytime Phone #

Principal Plac	e of Busine	ss	Mailing Address	Mailing Address								
185 LAKE MORTON DR, SUITE J			185 LAKE MORTON DR. SUITE J									
LAKELAND, FL 33801			LAKELAND, FL 33801									
0.112.0110,1	12 33001		DU/FINIS, LE 22001									
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2. Principal F	Place of Bus	iness	3. Mailing Address				1 1 0 8 13 10 9 11				(18 88) (1888)	
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		OLION DY	185 Lake Morton Dr.									
Suite, Apt.			Suite, Apt. #, etc.				02272004	Chg-P	CR2E	034 (10/03)		
Hpt.			Apt. K									
City & State			City & State				4. FEI Number 80-0002986			Applied For		
Lakel	<u>and</u>	F <u>L</u>	lakeland.	FL			80-000	2986		N	ot Applicable	
Zip		Country	Zip	Cour	itry		5. Certificate	of Status Desired		\$8.75 Ad	ditional	
3380	3	นธ	33803	lus	;		- Continuation			Fee Require	d	
		e and Address of Current	Registered Agent				7. Name and	Address of New	Registered	Agent		
						Name						
AIRTH, H	ADAM J	R			,							
		HEIGHTS BLVD					ress (P.O. Box Number is Not Acceptable)					
LAKELANI	D, FL 33	813			<u>.£.</u>	<u>-</u>						
		* * · ·	100	"						7:- 0		
		•	, , ,		City				FL	Zip Cod	в	
8 The above	named ent	ity submits this statement for	the purpose of changing i	te register	ed office o	r register	ed agent or ho	th, in the State of F	orida Lam	familiar with	and accent	
		ny submits this statement ful stered agent.	are barbose or creation in	re Lecheren	CO WINCO U	, oglaten	oc agoni, or ou	an, an uno otato of th	vius (all	TOTAL WILLI	wie accept	
	aono o, rog.	otorou agorii.										
-SIGNATURE.		· · ·		_								
1	Signature, type	ed or printed name of registered agent a	and title if applicable. (NO	OTE: Registere	ed Agent signal	ure required	when reinstating)		DATE			
	`	3.76	 									
		3 (8) (D-2)	9. Election Camp	aion Fina	ncing	\$5.	00 May Be					
		l FEE IS \$150.00 04 Fee will be \$550.0		_	Ī		ed to Fees					
witet Mi	ay 1, 20	A Lee Alli ne 2220'C	,,,									
10.		OFFICERS AND	DIRECTORS	11.			ADDITIONS/	CHANGES TO OF	FICERS AND	DIRECTOR	S IN 11	
TITLE	D	D Delete			É	Τ ,				Change	Addition	
NAME	! -	W, CATHERINE	- Delete	NAM		1				July - 11-15-1		
STREET ADDRESS	1	E MORTON DR, SUITE	ı		ET ADDRESS	185	LakeMo	rton Dr.	Apt K			
CITY-ST-ZIP	3	, .	•	3	-ST-ZIP			FL 3380				
G111-31-21F	 	ND, FL 33801		Cirr	-31-111		<u> </u>	0000	<u> </u>			
TITLE	D .		☐ Delete	IIIL	E					Change	Addition 🗌	
NAME	MORRO	W, VALERIE		NAM	E	l			^	,		
STREET ADDRESS	185 LAK	E MORTON DR, SUITE .	J	STR		185 Lake Morton Dr. Apt K Lakeland, FL 38803						
CITY-ST-ZIP	1	ND, FL 33801		СПУ	-ST-ZIP	lai	keland	. FL 388	3 03			
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NAME .]			NAM								
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12. I hereby	certify that t	he information supplied with	this filing does not qualify f	or the exe	mption stat	ted in Sec	ction 119.07(3)(i), Florida Statutes.	I further cer	rtify that the i	nformation	
indicated	d on this roo	art or cumplomental conget is	true and accurate and that	mv einna	ture chall h	ave the s	ame legal etted	t as it made under	nath that to	am an oilicei	or director	
of the cor	rporation or	the receiver or trustee emports tachment with an address, v	owered to execute this repo	rıasrequi d.	rea by Cha	three on.	, monua statute	o, and mainy nam	ie abbears i	II DIUCK IU O	DIOCK IIII	
unanged,	, or on an a	recumént Aun arress' n	Aint qui ontet like ettibowere	u.								