


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90775 011 ***150.00

DOCUMENT # P02000024052 1. Entity Name HURRICANE GRAPHICS GROUP, INC.					
Principal Place of Business 6008 MORNINGDALE AVENUE LAKELAND, FL 33813			Mailing Address 6008 MORNINGDALE AVENUE LAKELAND, FL 33813		
2. Principal Place of Business 725 E. Laurel Pointe		3. Mailing Address same			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		04302004 Chg-P CR2E034 (10/03)	
City & State Lakeland FL		City & State 		4. FEI Number 57-1091880	
Zip 33813		Country Polk		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COLSON, GARY D 6008 MORNINGDALE AVENUE LAKELAND, FL 33813			7. Name and Address of New Registered Agent Name Gary Colson Street Address (P.O. Box Number is Not Acceptable) 725 E. Laurel Pointe City Lakeland FL Zip Code 33813		
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 Gary Colson Gary Colson 4-30-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PC <input type="checkbox"/> Delete COLSON, GARY D 6008 MORNINGDALE AVE. LAKELAND, FL 33813		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 725 E. Laurel Pointe Lakeland, FL 33813	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: Kent Carpenter <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-30-04 <small>Date</small>		972-401-7488 <small>Daytime Phone #</small>