


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 20, 2004 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # P02000084647 |  |
| 1. Entity Name GENERIC DISPLAYS & GRAPHICS, INC. | |

| | |
|---|---|
| Principal Place of Business 4251 N. WASHINGTON BLVD #C2 SARASOTA, FL 34234 US | Mailing Address 4251 N. WASHINGTON BLVD #C2 SARASOTA, FL 34234 US |
|---|---|

DO NOT WRITE IN THIS SPACE



07072004 No Chg-P CR2E034 (10/03)

| | |
|---|--|
| 4. FEI Number 02-0636460 | 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

**FINANCIAL FOUNDATIONS, INC.
3150 SANDY RIDGE DR
CLEARWATER, FL 33761**

**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 _____ (NOTE: Registered Agent signature required when reselecting) _____ DATE _____

| | |
|---|--|
| FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|

10. OFFICERS AND DIRECTORS

| | |
|---|---------------------------------|
| TITLE P | NAME THOMAS, NORMAN H |
| STREET ADDRESS 2039 GULF OF MEXICO DRIVE #109 | |
| CITY - ST - ZIP LONGBOAT KEY, FL 34228 | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
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| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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08/20/04-80002-007 550.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 507, 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:  **NORMAN A. THOMAS** 8/20/04 (941) 359-8779

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____