

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2005 8:00 am
Secretary of State

02-15-2005 90018 031 ***150.00

DOCUMENT # P02000088121

1. Entity Name
BIG COLOR OUTPUT USA, INC.



Principal Place of Business
**1327 LAFAYETTE ST
CAPE CORAL, FL 33904**

Mailing Address
**P.O. DRAWER 60205
FORT MYERS, FL 33906**

40010070



2. Principal Place of Business
**1830 Del Prado Blvd.
Suite, Apt. #, etc.
Suite 2**

3. Mailing Address
Suite, Apt. #, etc.

01102005 Chg-P CR2E034 (10/03)

City & State
Cape Coral, FL

City & State

4. FEI Number
03-0478019

Applied For
Not Applicable

Zip
33990

Country
USA

Zip

Country

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

6-Name and Address of Current Registered Agent

7-Name and Address of New Registered Agent

**ROYSTON, ROBERT D JR
12670 NEW BRITTANY BLVD.
SUITE 101
FORT MYERS, FL 33907**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PT** ☐ Delete
NAME **WATSON, PAUL J**
STREET ADDRESS **1327 LAFAYETTE ST**
CITY-ST-ZIP **CAPE CORAL, FL 33904**

TITLE **VS** ☐ Delete
NAME **WATSON, MAUREEN A**
STREET ADDRESS **1327 LAFAYETTE ST**
CITY-ST-ZIP **CAPE CORAL, FL 33904**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1830 Del Prado Blvd. Suite 2**
CITY-ST-ZIP **Cape Coral, FL 33990**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1830 Del Prado Blvd. Suite 2**
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TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PAUL J. WATSON

Date

Daytime Phone #

2/4/04
239
573-4200