


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000099680	
1. Entity Name GRAPHIC SIGN AND DESIGN OF ST. CLOUD, FLORIDA INC.	

Principal Place of Business 1315 MARYLAND AVE ST. CLOUD, FL 34769 US	Mailing Address 1315 MARYLAND AVE ST. CLOUD, FL 34769 US
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DO NOT WRITE IN THIS SPACE



04082004 No Chg-P CR2E034 (10/03)

4. FEI Number 05-0530863	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CARDINAL, ELAINE M
3624 CORD AVE.
ST. CLOUD, FL 34772

**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**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARDINAL, ELAINE M 3624 CORD AVE ST. CLOUD, FL 34772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARDINAL, SAM L JR. 3624 CORD AVE. ST. CLOUD, FL 34772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA CARDINAL, ELAINE M 3624 CORD AVE. ST. CLOUD, FL 34772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC CARDINAL, SAM L JR 3624 CORD AVE ST. CLOUD, FL 34772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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1100000109802
04/12/04-80059-001 150.00

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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: *Elaine M Cardinal* **ELAINE M CARDINAL** 4/12/04 407-572-9091
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #