


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90104 031 \*\*\*150.00

<b>DOCUMENT # P02000122814</b> 1. Entity Name <b>MERIDIAN GRAPHICS, INC.</b>					
Principal Place of Business <b>6532 CRESTMONT GLEN LANE WINDERMERE FL 34786</b>			Mailing Address <b>2582 S MAGUIRE RD #378 OCOE FL 34761</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>65-1177873</b>	
6. Name and Address of Current Registered Agent  <b>CASTELLO, GERALD M 6532 CRESTMONT GLEN LANE WINDERMERE FL 34786</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				Applied For <input type="checkbox"/> Not Applicable	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
(NOTE: Registered Agent signature required when reinstating)				DATE _____	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>P</b> <input type="checkbox"/> Delete NAME <b>CASTELLO, GERALD M</b> STREET ADDRESS <b>6532 CRESTMONT GLEN LANE</b> CITY-ST-ZIP <b>WINDERMERE FL 34786</b>				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <b>S</b> <input type="checkbox"/> Delete NAME <b>CASTELLO, GENALD M</b> STREET ADDRESS <b>6532 CRESTMONT GLEN LN</b> CITY-ST-ZIP <b>WINDERMERE FL 34786</b>				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
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MOORE CR2E034 (11/03)

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

04/19/04 407-876-4022  
Date Daytime Phone #