

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2004 8:00 am
Secretary of State

05-04-2004 90384 001 ***300.00

DOCUMENT # P03000101423 1. Entity Name GRAPHIC PRINT SOLUTIONS, INC.			
Principal Place of Business 13219 BYRD DR ODESSA, FL 33556		Mailing Address 13219 BYRD DR ODESSA, FL 33556	
2. Principal Place of Business 5651 116th Ave N Suite, Apt. #, etc. Clearwater, FL City & State 33760		3. Mailing Address 5651 116th Ave N. Suite, Apt. #, etc. Clearwater, FL City & State 33760	
Zip 33760	Country USA	Zip 33760	Country USA
4. FEI Number 59-3636125		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 ROSE, DANYA M 560 HANCOCK LAKE RD BROOKSVILLE, FL 34602		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 re-registering) _____ DATE _____			
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 CEO / Pres.	NAME ROSE, RAYMOND P	TITLE CEO / President	NAME Rose, Raymond P.
STREET ADDRESS 13219 BYRD DR	CITY-ST-ZIP ODESSA, FL 33556	STREET ADDRESS 5651 116th Ave N.	CITY-ST-ZIP Clearwater, FL 33760
TITLE CFO	NAME ROSE, DANYA M	TITLE 	NAME
STREET ADDRESS 13219 BYRD DR	CITY-ST-ZIP ODESSA, FL 33556	STREET ADDRESS 	CITY-ST-ZIP
TITLE COO	NAME MILLER, CHRISTOPHER C	TITLE 	NAME
STREET ADDRESS 13219 BYRD DR	CITY-ST-ZIP ODESSA, FL 33556	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	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:		Date: 4/12/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: 727.573.1008	