2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000132081

BRETON, DEBORAH

2512 WINSLOE DR.

TRINITY, FL 34655

Name:

Address:

City-St-Zip:

Entity Name: SUNCOAST GRAPHICS FACTORY, INC.

FILED Aug 10, 2004 Secretary of State

Littly Na	ille. SUNCOP	OT GRAFFIICS FACTORT, III	NO.		
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
1750 LOCH HAVEN CT. TRINITY, FL 34655			728 WESLEY AVENUE SUITE 7 TARPON SPRINGS, FI		
Current N	lailing Addres	ss:	New Mailing Address	:	
1750 LOC TRINITY, F	H HAVEN CT. FL 34655		728 WESLEY AVENUE SUITE 7 TARPON SPRINGS, FI		
FEI Number	: 20-0413572	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of C	Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
BRETON, RONALD 1750 LOCH HAVEN CT. TRINITY, FL 34655			BRETON, RONALD 2512 WINSLOE DRIVE TRINITY, FL 34655	<u>:</u>	
	e named entity : e of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: RONALD BRETON				08/10/2004	
	Electror	nic Signature of Registered Ag	ent	Date	
		3(2)(b), F.S., the corporation did n	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P () BENOIT, DOUG 1750 LOCH HA TRINITY, FL 3	VEN CT.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () BRETON, RON 2512 WINSLOF TRINITY, FL 3	EDR.	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	S () BENOIT, CHRIS 1750 LOCH HA TRINITY, FL 3	VEN CT.	Title: Name: Address: City-St-Zip:	() Change() Addition	
Title:	т (. Delete	Title	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: DEBORAH BRETON T 08/10/2004