


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 24, 2004 8:00 am
Secretary of State

08-24-2004 90001 012 ***158.75

DOCUMENT # P04000004697	
1. Entity Name C M G TEXTURES, INC.	

Principal Place of Business 3850 NW 8TH CT. FT. LAUDERDALE, FL 33311	Mailing Address 3850 NW 8TH CT. FT. LAUDERDALE, FL 33311
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54069639



2. Principal Place of Business 3850 NW 8th Ct	3. Mailing Address P.O. Box 530131
Suite, Apt. #, etc.	Suite, Apt. #, etc.

07142004 Chg-P CR2E034 (10/03)

City & State Ft Lauderdale FL	City & State DeBary FL
Zip 33311	Zip 32753
Country USA	Country USA

4. FEI Number 20-0569414	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent GRAVES, MACHELLE 3850 NW 8TH CT. FT. LAUDERDALE, FL 33311

7. Name and Address of New Registered Agent	
Name Machelle Graves	
Street Address (P.O. Box Number is Not Acceptable) 3850 NW 8th Ct	
City Fort Lauderdale FL	Zip Code 33311

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: *Machelle Graves*

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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRAVES, MACHELLE 3850 NW 8TH CT. FT. LAUDERDALE, FL 33311 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD GRAVES, CLARENCE 3850 NW 8TH CT. FT. LAUDERDALE, FL 33311 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Machelle Graves*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/3/04
Date

Daytime Phone #



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

July 22, 2004

C M G TEXTURES, INC.
3850 NW 8TH CT.
FT. LAUDERDALE, FL 33311

SUBJECT: C M G TEXTURES, INC.
Ref. Number: P04000004697

We have received your document for C M G TEXTURES, INC. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

Upon receipt of your letter and/or check(s) totaling \$150.00, no document was found. Please send your document with any fees due to:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO THIS OFFICE WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Marquitta Williams
Document Specialist

Letter Number: 704A00046507

Didn't receive on the 22
Aug 10th

CMG TEXTURES INC
3850 NW 8TH CT
FT LAUDERDALE FL 33311

Attachment
54069639
#P0400004697

7/1/04

PLEASE WAIVE THE PENALTY AND ACCEPT MY PAYMENT OF \$150. I NEVER RECEIVED A BILL FROM THE DEPARTMENT OF STATE OR A REPORT. I ONLY FOUND OUT WHEN I WHEN TO AN ACCOUNTANT.

Machelle Graves
MACHELLE GRAVES -PRES

P04 — 4697

↑ This is from my acct. we live in Ft. Lauderdale but work in Orlando. Our P.O Box here is
P.O Box 530131
De bary FL 32753-0131

With all the traveling I must have misplaced the letter you sent. For I truly dont even now what this is. My acct. just told me I had to send it to you. If when recieved you could send me what this is for I would appreciate it.

yours truly
Machelle Graves