


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 30, 2004 8:00 am**  
**Secretary of State**

01-30-2004 90088 041 \*\*\*150.00

|  |  |   |
|--|--|---|
| <b>DOCUMENT # P93000066593</b>                     |  |  |
| 1. Entity Name<br><b>'GO' GRAPHICS' GROUP INC.</b> |  |   |

|  |   |
|--|---|
| Principal Place of Business<br><b>5135 CURRYFORD RD.<br/>SUITE 100<br/>ORLANDO FL 32812<br/>US</b> | Mailing Address<br><b>5135 CURRYFORD RD<br/>STE 100<br/>ORLANDO FL 32812<br/>US</b> |
|--|---|

|                                |         |  |                         |
|--------------------------------|---------|--|-------------------------|
| 2. Principal Place of Business |         | 3. Mailing Address<br><b>2310 RAEHN AVENUE</b> |                         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc.                            |                         |
| City & State                   |         | City & State<br><b>ORLANDO FL</b>              |                         |
| Zip                            | Country | Zip<br><b>32806</b>                            | Country<br><b>U.S.A</b> |



MOORE CR2E034 (11/03)

|   |  |   |  |
|---|--|---|--|
| 6. Name and Address of Current Registered Agent<br><b>LARRY W WOOD<br/>5135 CURRYFORD RD<br/>STE 100<br/>ORLANDO FL 32812</b> |  | 7. Name and Address of New Registered Agent<br>Name <b>G. R. ORI</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>G. R. ORI COMPANY<br/>2310 RAEHN AVENUE<br/>City ORLANDO FL Zip Code 32806</b> |  |
|---|--|---|--|

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  **GREGORY R ORI** DATE **1/27/04**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b> | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|---|---|

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D <input type="checkbox"/> Delete<br><b>WOOD, LARRY<br/>10342 JANE EYRE DR.<br/>ORLANDO FL 32832-6229</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>D<br/>WHITE RICHARD<br/>407 HIGHWAY A-1-A; STE 464<br/>SATELLITE BEACH, FL 32937</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D <input type="checkbox"/> Delete<br><b>WHITE, RICHARD<br/>43729 KIRBY SMITH RD<br/>ORLANDO FL 32832</b>  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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:  **RICHARD WHITE** JAN 26, 2004 407 376 6082  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #