2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P93000088395

1. Entity Name
PJ'S TYPE 'N GRAFIKS, INC.

54037696

Principal Place of Business	Mailing Address
3410 MELODY CR.	3410 MELODY CR.
SARASOTA, FL 34237	SARASOTA, FL 34237

DO NOT WRITE IN THIS SPACE

04162004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0456623	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WOODWORTH, PAULETTE
3410 MELODY CR.
SARASOTA, FL 34237

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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 _____
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**
 After May 1, 2004 Fee will be $550.00 | **9.** Election Campaign Financing
 Trust Fund Contribution. ☐ | **$5.00** May Be
 Added to Fees | |

10.   OFFICERS AND DIRECTORS

TITLE	SV
NAME	WOODWORTH, LARRY
STREET ADDRESS	3410 MELODY CIR
CITY-ST-ZIP	SARASOTA, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Paulette "PJ" Woodworth*   4/16/04   941-400-7199
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #