

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000074207

1. Entity Name
PRINT CONCEPTS INC.



**FILED
May 06, 2004 8:00 am
Secretary of State**

05-06-2004 90185 025 ***150.00

Principal Place of Business
3500 ALOMA AVE.
WINTER PARK, FL 32792 US

Mailing Address
3500 ALOMA AVE.
WINTER PARK, FL 32792 US

2. Principal Place of Business
3500 ALOMA AVENUE

3. Mailing Address
3500 ALOMA AVENUE

Suite, Apt. #, etc.
SUITE W27

City & State
WINTER PARK, FL

Zip
32792

Country

Zip
32792

Country

4. FEI Number
59-3203144

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HARLAN, ROBERT
3500 ALOMA AVE.
#C-1
WINTER PARK, FL 32792

7. Name and Address of New Registered Agent

Name
HARLAN, ROBERT

Street Address (P.O. Box Number is Not Acceptable)
3500 ALOMA AVENUE

SUITE W27

City
WINTER PARK Zip Code
FL 32792

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. **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARLAN, ROBERT A 3500 ALOMA AVE C-1 WINTER PARK, FL	<input type="checkbox"/> Delete	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:

**ROBERT HARLAN
407-679-4848**

✓ 04/24/04 407-679-4848

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #