


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000020935 1. Entity Name RED BARN GRAPHICS, INC.	
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Principal Place of Business 1825 WEST FRENCH AVENUE ORANGE CITY, FL 32763 US	Mailing Address POST OFFICE BOX 740789 ORANGE CITY, FL 32774-0789 US
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04262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3404327	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MCCRAY, MONICA M 1825 WEST FRENCH AVENUE ORANGE CITY, FL 32774

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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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MCCRAY, CATHERINE 1825 WEST FRENCH AVENUE ORANGE CITY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MCCRAY, MONICA MARIE B 1825 WEST FRENCH AVENUE ORANGE CITY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST DEIHL, LAURINDA 1040 W. FRENCH AVE ORANGE CITY, FL 32763
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

1-9000046120
95 10/04-90050-020 150.00

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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: Monica M. McCray Monica M McCray 26 April 04 386-775-1224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #