


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P96000024524  
1. Entity Name  
PETER KULL GRAPHIC ARTS, INC.



Principal Place of Business  
15477 BRIAR RIDGE CIR  
FT MYERS, FL 33912 US

Mailing Address  
15477 BRIAR RIDGE CIR  
FT. MYERS, FL 33912 US

**DO NOT WRITE IN THIS SPACE**



04212004 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0655201

Applied For  
Not Applicable

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

8. Name and Address of Current Registered Agent  
KULL, PETER J  
15477 BRIAR RIDGE CIRCLE  
FT. MYERS, FL 33912

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	P KULL, PETER J 15477 BRIAR RIDGE CIRCLE FT. MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KULL, ROBIN F 15477 BRIAR RIDGE CIRCLE FT. MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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U00000130806  
04/26/04-80132-025 150.00

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IN THIS SPACE**

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: Peter Kull PRESIDENT 4/26/2004 239-432-9977  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #