


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 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



04282008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0655201	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. 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, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

000000347520
06/02/08-80018-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KULL, PETER J
STREET ADDRESS	15477 BRIAR RIDGE CIRCLE
CITY-ST-ZIP	FT. MYERS, FL 33912
TITLE	S
NAME	KULL, ROBIN F
STREET ADDRESS	15477 BRIAR RIDGE CIRCLE
CITY-ST-ZIP	FT. MYERS, FL 33912
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Robin F. Kull **ROBIN F KULL** 4/28/08 239-432-9977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #