


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90027 013 ***150.00

DOCUMENT # P97000021820 1. Entity Name FANTASY WORLD LASER GRAPHICS, INC.					
Principal Place of Business 805 WEST JEFFERSON AVENUE IMMOKALEE, FL 34142			Mailing Address 805 WEST JEFFERSON AVENUE IMMOKALEE, FL 34142		
2. Principal Place of Business 306 FIRST STREET SOUTH			3. Mailing Address 7190 TRAFFORD OAKS RD		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State IMMOKALEE, FL.			City & State IMMOKALEE, FL.		
Zip 34142		Country		Zip 34142	
Country		4. FEI Number 59-3440210			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLIAMS, JERRY 805 WEST JEFFERSON AVENUE IMMOKALEE, FL 34142				7. Name and Address of New Registered Agent Name WILLIAMS, JERRY Street Address (P.O. Box Number is Not Acceptable) 7190 TRAFFORD OAKS RD City IMMOKALEE FL Zip Code 34142	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, JERRY 805 WEST JEFFERSON AVENUE IMMOKALEE, FL 34142	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WILLIAMS, JERRY 7190 TRAFFORD OAKS RD IMMOKALEE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD WILLIAMS, JOANN 805 WEST JEFFERSON AVENUE IMMOKALEE, FL 34142	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD WILLIAMS, JERRY 7190 TRAFFORD OAKS RD IMMOKALEE, FL 34142	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Jerry Williams</i></u> Jerry Williams			Date <u>4-12-04</u> Daytime Phone # <u>235-658-1000</u>		