

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90043 034 ***150.00

DOCUMENT # P98000032038

1. Entity Name
SCREENPRINT PLUS, INC.



Principal Place of Business

1336 SE 47TH ST.
CAPE CORAL, FL 33904

Mailing Address

1336 SE 47TH ST.
CAPE CORAL, FL 33904

24028821



03212004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0835841

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WILLIAMSON, HUGH M JR.
1336 SE 47TH ST.
CAPE CORAL, FL 33904

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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

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. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WILLIAMSON, HUGH M JR.
STREET ADDRESS	1336 SE 47TH ST
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	D
NAME	WILLIAMSON, HUGH M III
STREET ADDRESS	1336 SE 47TH ST
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	D
NAME	WILLIAMSON, DONNA H
STREET ADDRESS	1336 SE 47TH ST
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:

Donna Williamson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/22/04 239-549-3322
Daytime Phone #