

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000094986

1. Entity Name
STREET GRAPHICS, INC.



Principal Place of Business
131 NE COMMERCIAL CIRCLE
KEYSTONE HEIGHTS, FL 32656

Mailing Address
PO BOX 443
KEYSTONE HEIGHTS, FL 32656

DO NOT WRITE IN THIS SPACE



04272004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3543700	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TAYLOR AND TAYLOR
420 S LAWRENCE BLVD
KEYSTONE HEIGHTS, FL 32656

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000141438
04/30/04-80010-020 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PARMER, EDWARD 463 SE 52ND ST KEYSTONE HEIGHTS, FL 32656
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILLIAM, DOUGLAS 6760 BEDFORD LAKE RD KEYSTONE HEIGHTS, FL 32656
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST PARMER, BRIAR 463 SE 52ND ST KEYSTONE HEIGHTS, FL 32656
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:

Briar A. Parmen

BRIAR A. PARMEN

4-27-04

352-473-2828

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #