## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 16, 2004 8:00 am Secretary of State **DOCUMENT # P99000059327** 1. Entity Name IN STYLE GRAPHIC DESIGN, INC. 04-16-2004 90089 029 \*\*\*150.00 Principal Place of Business Mailing Address 10158 STONEHEDGE CIRCLE 10158 STONEHEDGE CIRCLE **APT 804 APT 804** BOYNTON BEACH, FL 33437 BOYNTON BEACH, FL 33437 3. Mailing Address 2. Principal Place of Business 9621 ELClair Ranch Rd quai El Clair Ranch Suite, Apt. #, etc Suite, Apt. #, etc. 03172004 Chg-P CR2E034 (10/03) 4. FEI Number City & State Applied For Sitv & State Beach 1204 65-0928589 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MACKENZIE, MELISSA Street Address (P.O. Box Number is Not Acceptable) 10158 STONEHEDGE CIRCLE **APT 804** 9621 El Clair Ranch Rd. BOYNTON BEACH, FL 33437 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 s of registered agent. the obligation SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change TITLE ■ Addition ☐ Delete TITLE MACKENZIE, MELISSA NAME NAME 9621 El Clair Ranch Road STREET ADDRESS 10158 STONEHENGE CIRCLE STREET ADDRESS Boynton Beach PL 33437 CITY-ST-ZIP C!TY-ST-ZIP BOYNTON BEACH, FL 33437 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS · CITY=ST-74P= CITY-ST-ZIP= ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

FILED

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR BIFECTOR Date Daytime Phone #

an address, with all other

changed, or on an attact