

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V14729

1. Entity Name  
ENGRAVABLES UNLIMITED, INC.



Principal Place of Business  
233 NORTH FEDERAL HWY  
35  
DANIA, FL 33004 US

Mailing Address  
P O BOX 350505  
FT LAUDERDALE, FL 33335 US

**FILED**  
**Apr 28, 2004 08:00 AM**  
**Secretary of State**



04272004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0311732

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

EASON, RODERICK D. JR  
233 N FEDERAL HIGHWAY SUITE 35  
DANIA, FL 33004

**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 re-registering)

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
EASON, JR R D  
233 N FEDERAL HWY 35  
DANIA, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TS  
EASON, JUDITH M  
233 N FEDERAL HWY #35  
DANIA, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**

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04/28/04-80060-020 150.00

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:

*R. D. Eason Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-04 954-921-6632  
Date Daytime Phone #