

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 26, 2004 08:00 AM
Secretary of State

DOCUMENT # V56161

1. Entity Name
PRINTING EXPRESSIONS INC.



Principal Place of Business

1303 WILDCAT CT
APOPKA, FL 32712 US

Mailing Address

1303 WILDCAT CT
APOPKA, FL 32712 US



02032004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARINO, JAMES A., SR.
1303 WILDCAT COURT
APOPKA, FL 32712

**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 reinstalling)

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

U000000066800
02/26/04-80030-022 150.00

10. OFFICERS AND DIRECTORS

TITLE PT
NAME MARINO, JAMES A., SR.
STREET ADDRESS 1303 WILDCAT COURT
CITY-ST-ZIP APOPKA, FL 32712

TITLE VS
NAME MARINO, JANET L.
STREET ADDRESS 1303 WILDCAT COURT
CITY-ST-ZIP APOPKA, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

James A. Marino Sr 407-886-9100
2/24/04