

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # 400963 1. Entity Name TOM WHITE THE PRINTER, INC.					
Principal Place of Business 310 JOHN GREY ST PENSACOLA, FL 32505			Mailing Address P O BOX 18485 PENSACOLA, FL 32523-8485		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 02252004 Chg-P CR2E034 (10/03)	
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-1401532		Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent GRAVES H EUGENE 202 PALMETTO ROAD GULF BREEZE, FL 32561	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				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 _____ (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 NAME STREET ADDRESS CITY - ST - ZIP	PTD GRAVES, H. EUGENE 202 PALMETTO ROAD GULF BREEZE, FL	☐ Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change ☐ Addition U00000088428 03/15/04-80050-019 150.00		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS GRAVES, H. EUGENE 202 PALMETTO ROAD GULF BREEZE, FL	☐ Delete	☐ Change ☐ Addition		
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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 altogether like empowered.					
SIGNATURE: <i>H Eugene Graves</i> 4-3-04 850-438-1602 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					