

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90042 005 ***150.00

DOCUMENT # F98000006686
 1. Entity Name
TOUCH OF COLOR SERVICES, INCORPORATED



Principal Place of Business Mailing Address
P.O. BOX 3107 P.O. BOX 3107
FREDERICK MD 21705-3107 FREDERICK MD 21705-3107

54019766



MOORE CR2E034 (11/03)

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State

4. FEI Number **54-1790564** Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
KEASLER, FRANK R JR
4309 PABLO OAKS COURT, SUITE FIVE
JACKSONVILLE FL 32224

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input type="checkbox"/> Delete
NAME	REED, DAVID E	
STREET ADDRESS	8026 CATTAIL COURT	
CITY-ST-ZIP	FREDERICK MD 21701	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	REED, MARGARET M	
STREET ADDRESS	8026 CATTAIL COURT	
CITY-ST-ZIP	FREDERICK MD 21701	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	REED, MICHAEL W	
STREET ADDRESS	4 DEMEL CT #1A	
CITY-ST-ZIP	OWINGS MILLS MD 21117	
TITLE	VPM	<input type="checkbox"/> Delete
NAME	REED, P SCOTT	
STREET ADDRESS	5636 CRESTWOOD CT	
CITY-ST-ZIP	FREDERICK MD 21703	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9920 Premier View Circle	
STREET ADDRESS	Hagerstown, Md. 21740	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9920 Premiere View Circle	
STREET ADDRESS	Hagerstown, Md. 21740	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9920 Premiere View Circle	
STREET ADDRESS	Hagerstown, Md. 21740	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Margaret M Reed, Vice Pres.* **3-16-2004** **301-416-7443**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #