


**FILED**  
Mar 22, 2004 08:00 AM  
Secretary of State

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P02000134328		
1. Entity Name PRINTNTIME, INC.		

Principal Place of Business 5544 58TH STREET NORTH ST. PETERSBURG, FL 33709	Mailing Address 5544 58TH STREET, NORTH ST. PETERSBURG, FL 33709
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03182004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 35-2195055	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DELUCIA, JOSEPH W  
5333 78TH ST. NORTH  
ST. PETERSBURG, FL 33709

**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 \_\_\_\_\_ (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	P DELUCIA, GENEVIEVE 5890 38TH AVE. NORTH #305A ST. PETERSBURG, FL 33710
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IN THIS SPACE**

U000000033657  
03/22/04-80026-021-150.00

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 empowerments.

SIGNATURE: Genevieve DeLucia 3/18/04 727 545 5199  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #