2004 FOR PROFIT CORPORATION ANNUAL REPORT

City-St-Zip:

LIVE OAK, FL 32064

FILED Jan 28, 2004

DOCUM	MENT# P93000050093		Secretary of State	
Entity Na	me: MCCRIMON'S OFFICE SYSTEMS, IN	IC.		
Current Principal Place of Business:		New Principal Place of	New Principal Place of Business:	
120 COUF LIVE OAK,	RT ST FL 32060	111 COURT ST LIVE OAK, FL 32064		
Current M	lailing Address:	New Mailing Address:		
PO BOX B LIVE OAK,	, FL 32064 US			
FEI Number	: 59-3193270 FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
CASEY, WILLIAM J CPA L06 WHITE AVE LIVE OAK, FL 32060		CASEY, WILLIAM J CPA 106 WHITE AVE LIVE OAK, FL 32064		
	named entity submits this statement for the e of Florida.	e purpose of changing its registered	office or registered agent, or both,	
SIGNATUI	RE: WILLIAM J. CASEY, CPA		01/28/2004	
	Electronic Signature of Registered A	gent	Date	
Election Car	mpaign Financing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD (X) Delete SCOTT, RICHARD E P O BOX 51 N/A LIVE OAK, FL 32064	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	PD () Delete CLARK, JAMES M 6470 SW 70TH ST TRENTON, FL 32693	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address:	VSTD () Delete SCOTT, MATTHEW A 903 PINE AVE. SW	Title: (Name: Address:) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: JAMES M. CLARK PD 01/28/2004