

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90060 019 ***150.00

DOCUMENT # M35044

1. Entity Name

A BETTER BLUEPRINT & COPY CENTER, INC.



Principal Place of Business

919 N DIXIE HWY
W. PALM BEACH, FL 33401 US

Mailing Address

919 NO DIXIE HWY
W PALM BCH, FL 33401 US

DO NOT WRITE IN THIS SPACE



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number

59-2693869

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCCANDLESS, HUGH L.
16035 E. GLASGOW DRIVE.
LOXAHATCHEE, FL 33470

**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 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 PT
NAME MCCANDLESS, HUGH L.
STREET ADDRESS 16035 E. GLASGOW DRIVE
CITY-ST-ZIP LOXAHATCHEE, FL

TITLE VS
NAME MCCANDLESS, SHERI L.
STREET ADDRESS 16035 E. GLASGOW DRIVE
CITY-ST-ZIP LOXAHATCHEE, FL

TITLE VD
NAME MCCANDLESS, HEATHER L.
STREET ADDRESS C/O 16035 E GLASGOW DR
CITY-ST-ZIP LOXAHATCHEE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 #

4/8/04 501/655.4944