


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 21, 2004 8:00 am**  
**Secretary of State**

05-21-2004 90003 044 \*\*\*158.75

<b>DOCUMENT # 170972</b> 1. Entity Name STATE OFFICE SUPPLY AND FURNITURE COMPANY, INC.		
Principal Place of Business 2407 WINTHROP RD TALLAHASSEE, FL 32302 32308	Mailing Address 2407 WINTHROP RD TALLAHASSEE, FL 32302 32308	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  MANG, NORA L 2407 WINTHROP RD TALLAHASSEE, FL 32312 32308		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MANG, NORA L 2407 WINTHROP ROAD TALLAHASSEE, FL 32308	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARLEY, JOHN A 4927 HEATH DR TALLAHASSEE, FL 32309	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HODGSON, SHARI PH.D. 640 NORTH PARK AVE #36 WINTER PARK, FL 32789	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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.		
<b>SIGNATURE:</b> <i>Nora L Mang</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		5-19-04      402-1946 <small>Date      Daytime Phone #</small>

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05192004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-0683144	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	