

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90345 028 ***150.00

DOCUMENT # 189957

1. Entity Name

PFEIFFER PRINTING CO INC



Principal Place of Business

301 W. GOVERNMENT ST.
PENSACOLA FL 32501

Mailing Address

PO BOX 767
PENSACOLA FL 32594

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0859875

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALKE, EMMA P
10235 LILLIAN HIGHWAY
PENSACOLA FL 32506

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

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

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
NAME
PFEIFFER, JOHN R ☐ Delete
STREET ADDRESS
811 SOUTH "J" STREET
CITY-ST-ZIP
PENSACOLA FL 32501

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
VP
REYES, GRETCHEN ☐ Delete
STREET ADDRESS
7032 LONGLEAF CREEK DRIVE
CITY-ST-ZIP
PENSACOLA FL 32526

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
ST
WALKE, EMMA PFEIFFER ☐ Delete
STREET ADDRESS
10235 LILLIAN HIGHWAY
CITY-ST-ZIP
PENSACOLA FL 32506

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
VP
MADDOX, JENNIFER ☐ Delete
STREET ADDRESS
3156 AUBURN PARKWAY
CITY-ST-ZIP
GULF BREEZE FL 32563

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
VP
PFEIFFER, CHARLES T ☐ Delete
STREET ADDRESS
4965 FOREST CREEK DRIVE
CITY-ST-ZIP
PACE FL 32571

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
VP
GROEGER, SARAH ☐ Delete
STREET ADDRESS
4641 BAYSIDE DRIVE
CITY-ST-ZIP
MILTON FL 32583

TITLE
NAME
☐ Change ☐ Addition
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:

Emma Pfeiffer Walke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Emma Pfeiffer Walke 4/05/2004 850-432-4312

Date

Daytime Phone #