



FILED
Feb 13, 2004 08:00 AM
Secretary of State

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 259429		
1. Entity Name FLORIDA MICROFILM CORPORATION		
Principal Place of Business 696 N. FERDON BLVD. CRESTVIEW, FL 32536		Mailing Address P.O. DRAWER 340 DOTHAN, AL 36302
DO NOT WRITE IN THIS SPACE		
		 01192004 No Chg-P CR2E034 (10/03)
		4. FEI Number 59-1008370
		Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
JACKSON, ALICE F 696 N FERDON BLVD CRESTVIEW, FL 32536		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 <u><i>Alice F. Jackson</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u>01-21-04</u> <small>DATE</small>
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CATRETT, FOX BEVERLYE ROAD DOTHAN, AL 36301	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CATRETT, NELDA BEVERLYE ROAD DOTHAN, AL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MURPHY, GAIL 874 OPPERT RD DOTHAN, AL 36301	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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)(f), 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: <u><i>Gail C. Murphy (Gail C. Murphy, Sec Treas)</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>334-677-3318</u> <small>Daytime Phone #</small>