


2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 29, 2005 08:00 AM
Secretary of State

DOCUMENT # 455697
 1. Entity Name
 ORANGE PARK COLOR CENTER, INC.



Principal Place of Business 1103 PARK AVENUE ORANGE PARK, FL 32073-4123	Mailing Address 1103 PARK AVENUE ORANGE PARK, FL 32073-4123
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DO NOT WRITE IN THIS SPACE



01182005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1545639	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EVERETT, JOHN P
 1103 PARK AVENUE
 ORANGE PARK, FL

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD EVERETT, JOHN P 8335 MALAGA ST ORANGE PARK, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD EVERETT, BERTIE S 8335 MALAGA ST ORANGE PARK, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP WINNEY, CAROLYN F 4161 MUSTANG RD MIDDLESBURG, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: *J.P. Everett* J.P. Everett *1/26/05* 904-264-7941
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #