


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # 498334	
1. Entity Name MR. QUICKPRINT, INC.	

Principal Place of Business 4815 N.E. 12TH AVENUE OAKLAND PARK, FL 33334 US	Mailing Address 4815 N.E. 12TH AVENUE OAKLAND PARK, FL 33334 US
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DO NOT WRITE IN THIS SPACE



01142004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1653658	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

**VECCHIO, JOSEPH A. JR.
2829 E COMMERCIAL BLVD
FT. LAUDERDALE, FL 33308**

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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 _____ (NOTE: Registered Agent's 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**

**U00000113367
04/15/04-80006-018 150.00**

10. OFFICERS AND DIRECTORS

TITLE VTS	NAME MUSCHETT, PATRICIA F.
STREET ADDRESS 1661 NE 56TH COURT	
CITY-ST-ZIP FT. LAUDERDALE, FL	
TITLE P	NAME MUSCHETT, NEVILLE A.
STREET ADDRESS 1661 NE 56TH COURT	
CITY-ST-ZIP FT. LAUDERDALE, FL	
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)(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: P.F. Muschett **P.F. MUSCHETT** 4.12.04 954.566.8888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #