

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 08:00 AM
Secretary of State

DOCUMENT # 667523

1. Entity Name
EXPRESS PRESS, INC.



Principal Place of Business
**% MICHAEL J. HARRISON
5137 W. RIO VISTA AVENUE
TAMPA, FL 33634-5342**

Mailing Address
**% MICHAEL J. HARRISON
5137 W. RIO VISTA AVENUE
TAMPA, FL 33634-5342**



02022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1994023

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**HARRISON, MICHAEL J.
5137 W. RIO VISTA AVENUE
TAMPA, FL 33614**

**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

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**

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

U000000072384
03/01/04-80109-001 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP HARRISON, MICHAEL J 5137 W. RIO VISTA AVE. TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP HARRISON, THOMAS A. 5137 W. RIO VISTA AVE. TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP WINCHELL, H. GREGORY 5137 W. RIO VISTA AVE. TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP BACKHAUS, STEPHEN 5137 W. RIO VISTA AVE. TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/4/04 813081321