


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 18, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 675095**  
 1. Entity Name  
**VILLAGE SCRIBE PRINTING COMPANY**



Principal Place of Business      Mailing Address  
**151 1ST STREET NORTH WEST**      **151 1ST STREET NORTH WEST**  
**LARGO FL 33770 US**      **LARGO FL 33770 US**

**DO NOT WRITE IN THIS SPACE**



03152004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**59-2002384**      Not Applicable

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

**6. Name and Address of Current Registered Agent**  
**BEARD, KURT E**  
**151 1ST STREET NORTH WEST**  
**LARGO, FL 33770**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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**

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	BEARD, KURT E.
STREET ADDRESS	1548 SHIRLEY PL
CITY-ST-ZIP	LARGO, FL 33770
TITLE	DS
NAME	BEARD, CATHERINE L.
STREET ADDRESS	1548 SHIRLEY PL
CITY-ST-ZIP	LARGO, FL 33770
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**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)(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: Catherine L. Beard    Catherine L. Beard    3/17/04    427  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #  
585-7388