

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # 693878**

1. Entity Name  
CARROLLWOOD COPY CENTER AND PRINTING, INC.



Principal Place of Business  
11406-C N DALE MABRY  
TAMPA, FL 33618 US

Mailing Address  
11406-C N DALE MABRY  
TAMPA, FL 33618 US

**FILED**  
**Aug 02, 2004 08:00 AM**  
**Secretary of State**



07302004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>59-2109369 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

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

**6. Name and Address of Current Registered Agent**

MCMANUS, CHARLES F  
11406-C N DALE MABRY  
TAMPA, FL 33618

**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 \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000168916  
08/02/04-80002-022 550.00

**10. OFFICERS AND DIRECTORS**

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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PVP<br>MCMANUS, CHARLES<br>3127 W. SLIGH AVE A103<br>TAMPA, FL |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ST<br>MCMANUS, ROBIN<br>3127 W. SLIGH AVE A103<br>TAMPA, FL |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>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)(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

*Robin McManus* 7-30-04 813-962-8770  
Date Daytime Phone #