

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 09, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 751326</b>	
1. Entity Name <b>POST SCRIPT, INC.</b>	

Principal Place of Business <b>1879 EMERALD BAY DR ROCKWALL, TX 75087-3284 US</b>	Mailing Address <b>1879 EMERALD BAY DR ROCKWALL, TX 75087-3284 US</b>
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**DO NOT WRITE IN THIS SPACE**



01292004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-2020287</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**TORELLI, DEBRA G  
1600 BENTIN DRIVE S  
JACKSONVILLE BEACH, FL 32250**

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I, 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 retreating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2004**

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	VD RIGGIN, JUDY 2405 NEMETH CT ALEXANDRIA, VA 22306
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JENNINGS, WADE 621 EAST CHARLES MUNCIE, IN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TORELLI, DEBRA 1600 BENTON DR SOUTH JACKSONVILLE BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUCHOVNAY, GERALD 1879 EMERALD BAY DR ROCKWALL, TX 75087
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NELSON, RENWICK T 3938 BARCELONA JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TELOTTE, J. P. 3780 W COOPER LK DR SMYRNA, GA

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02/11/04 80031-017 61.25

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 617, 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: Gerald Duchovnay **GERALD DUCHOVNAY** JAN. 29, 2004 972 771-7201  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #