

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # F01000002992

1. Entity Name
THE FILING FACTORY, INC.



Principal Place of Business

13601 PERDIDO KEY DR.
1PH3C
PENSACOLA, FL 32507

Mailing Address

13601 PERDIDO KEY DR.
1PH3C
PENSACOLA, FL 32507

DO NOT WRITE IN THIS SPACE



01262004 No Chg-P CR2E034 (10/03)

4. FEI Number
84-0763907

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PALSKI, GLORIA J
13601 PERDIDO KEY DR, UNIT 1-PH3C
PENSACOLA, FL 32507

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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

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

000000033815
02/05/04-80058-018 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PCD
PALSKI, FRANK P
13601 PERDIDO KEY DR., UNIT 1PH3C
PENSACOLA, FL 32507

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
STD
PALSKI, GLORIA J
13601 PERDIDO KEY DR., UNIT 1PH3C
PENSACOLA, FL 32507

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)(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: Gloria Palski GLORIA PALSKI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/04
Date

850-492-3431
Daytime Phone #