


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90013 033 ***158.75

DOCUMENT # F97000000694 1. Entity Name SHIPMATES-PRINTMATES, INC.					
Principal Place of Business 7800 SOUTHLAND BLVD SUITE 100 ORLANDO FL 32809 US			Mailing Address C/O AXSA DOCUMENT SOLUTIONS 5806 BRECKENRIDGE PKWY TAMPA FL 33610 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address S/O AXSA DOCUMENT SOLUTIONS Suite, Apt. #, etc. 7800 SOUTHLAND BLVD City & State ORLANDO, FL Zip Country 32809 USA			
4. FEI Number 59-3421091			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent POTOCHNEY, GEORGE J 400 WATER ST CELEBRATION FL 34747			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <u><i>George J. Potochney</i></u> GEORGE J. POTOCHNEY 2/17/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC POTOCHNEY, GEORGE J 7800 SOUTHLAND BLVD ORLANDO FL 32809	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u><i>George J. Potochney</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2/17/04 407-240-1690 <small>Date Daytime Phone #</small>		