


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # G96665 1. Entity Name ALTAMONTE OFFICE SUPPLY, INC.	
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Principal Place of Business 531 HIGHLAND STREET ALTAMONTE SPRINGS, FL 32701	Mailing Address 531 HIGHLAND STREET ALTAMONTE SPRINGS, FL 32701
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  BECK, MARSHA M. 531 HIGHLAND STREET ALTAMONTE SPRINGS, FL 32701	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	ST BECK, MARSHA M. 531 HIGHLAND ST ALTAMONTE SPRINGS FL
TITLE NAME STREET ADDRESS CITY ST ZIP	P BECK, CHARLES H. 531 HIGHLAND ST ALTAMONTE SPRINGS, FL
TITLE NAME STREET ADDRESS CITY ST ZIP	VP MALM, JEFFRY J. 716 PARKLAND ROAD ALTAMONTE SPRINGS, FL
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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: *Marsha M. Beck* Marsha M. 4.14.04 402 335-6411  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #