


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 21, 2004 08:00 AM
Secretary of State

DOCUMENT # H12763		
1. Entity Name TAMPA REPROGRAPHICS & SUPPLY COMPANY		

Principal Place of Business 3809 N. ARMENIA AVE. TAMPA, FL 33607 US	Mailing Address 700 N CENTRAL AVE STE 550 GLENDALE, CA 91203 US
---	---



05062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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

000000162738
06/21/04-80001-012 550.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO CHANDRAMOHAN, SATHIYAMURTHY 700 N CENTRAL AVE # 550 GLENDALE, CA 91203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOS LEGG, MARK W 700 N CENTRAL AVE # 550 GLENDALE, CA 91208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SURIYAKUMAR, KUMARAKULAS 700 N CENTRAL AVE # 550 GLENDALE, CA 91203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHANDRAMOHAN, SATHIYAMURTHY 700 N CENTRAL AVE # 550 GLENDALE, CA 91203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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

MARK W. LEGG

5-6-04

818-500-0225

Date

Daytime Phone #