

## ANNUAL REPORT

DOCUMENT # H48870

1. Entity Name  
PRINTED PRODUCTS, INC.

**FILED**  
**Mar 17, 2004 8:00 am**  
**Secretary of State**

03-17-2004 90031 022 \*\*\*150.00

Principal Place of Business  
2202 N. MAIN STREET  
JACKSONVILLE, FL 32206-3760Mailing Address  
PO BOX 43508  
JACKSONVILLE, FL 32203-3508

01122004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**4. FEI Number  
59-2546765Applied For  
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

MIKELL, MERLE A  
2202 N MAIN ST  
JACKSONVILLE, FL 32206**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 \$150.00  
After May 1, 2004 Fee will be \$550.009. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	VST
NAME	MIKELL, MERLE A.
STREET ADDRESS	2202 N. MAIN STREET
CITY - ST - ZIP	JACKSONVILLE, FL 32206
TITLE	President
NAME	Thomas C. Mikell
STREET ADDRESS	2202 N. Main Street
CITY - ST - ZIP	Jacksonville, FL 32206
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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:

Merle A. Mikell

3/15/04

(904) 634-1707

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #