

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # J59984

1. Entity Name
THE PRINTING DEPOT, INC.



Principal Place of Business
% DOUGLAS A. HUNT
4020 TAMPA RD.
OLDSMAR, FL 34677

Mailing Address
% DOUGLAS A. HUNT
4020 TAMPA RD.
OLDSMAR, FL 34677

FILED
Mar 05, 2004 08:00 AM
Secretary of State



03022004 No Chg-P CR2E034 (10/03)

4. FCI Number
59-2813953

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HUNT, ROBERT
4020 TAMPA RD.
OLDSMAR, FL 34677

**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 Robert Hunt (Registered)

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HUNT, ROBERT 4020 TAMPA RD. OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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03/05/04-80015-021 150.00

**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)(f), Florida Statutes. (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: Robert Hunt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/04
Date

813-855-6758
Daytime Phone #