

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # K65080

1. Entity Name
THE PRINTING PAD, INC.



Principal Place of Business

3705 N FEDERAL HWY
DELRAY BEACH, FL 33483 US

Mailing Address

3705 N FEDERAL HWY
DELRAY BEACH, FL 33483 US

FILED
Apr 15, 2004 08:00 AM
Secretary of State



01092004 No Chg-P CP2E034 (10/03)

4. FEI Number
65-0099337

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$6.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MARTIN, LAWTON
512 NW 7 ST
DELRAY BEACH, FL 33444

**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 \$550.00

9. Election Campaign Financing
☐ Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MARTIN, LAWTON
STREET ADDRESS	512 NW 7 ST
CITY- ST- ZIP	DELRAY BEACH, FL
TITLE	V
NAME	MARTIN, LAURA
STREET ADDRESS	512 NW 7 ST
CITY- ST- ZIP	DELRAY BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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04/15/04-80022-012 150.00

**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)(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:

Lawton Martin **LAWTON MARTIN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/04

(561) 369-2486

Daytime Phone #