

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # K73407

1. Entity Name
DESKTOP DARKROOM, INC.



Principal Place of Business

**1944 ATLANTIC BLVD
STE 300
JACKSONVILLE, FL 32207 US**

Mailing Address

**1944 ATLANTIC BLVD
300
JACKSONVILLE, FL 32207 US**



01162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2943573	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LUTER, JOSEPH H.
1944 ATLANTIC BLVD
SUITE 300
JACKSONVILLE, FL 32207**

**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 NAME STREET ADDRESS CITY - ST - ZIP	PD LUTER, JOSEPH H., JR. 9429 WEXFORD R. JACKSONVILLE, FL 32257
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD LUTER, MARY ELLEN 9429 WEXFORD R. JACKSONVILLE, FL 32257
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	V LUTER, MICHAEL 12348 CACHET DR JACKSONVILLE, FL 32223
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	V LUTER, GREGORY H 4646 RIDGE WALK LANE JACKSONVILLE, FL 32257
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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04/23/04-80083-025 150.00

**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: Mary Ellen Luter Mary Ellen Luter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904-
4-2204 398-9934