

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 06, 2004 08:00 AM
Secretary of State**

DOCUMENT # K79198

1. Entity Name
COIN COPY OF CENTRAL FL., INC.



Principal Place of Business
**3520 E. JERSEY ST
ORLANDO, FL 32806 US**

Mailing Address
**3520 E. JERSEY ST
P. O. BOX 568064
ORLANDO, FL 32806 US**



03022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2942145

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**ABBALEO, TONY P.
3520 E. JERSEY AVENUE
ORLANDO, FL 32806**

**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 *Tony Abbaleo*
Signature, typed or printed name of registered agent and title if applicable.

3-4-04
DATE

(NOTE: Registered Agent signature required when reinstating)

**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**

**U00000079192
03/08/04-80056-007 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
ABBALEO, TONY P.
3520 E JERSEY STREET
ORLANDO, FL**

TITLE
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CITY-ST-ZIP

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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: *Tony Abbaleo*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-04
Date

407-843-1005
Daytime Phone #