

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jan 26, 2004 8:00 am**  
**Secretary of State**

01-26-2004 90004 038 \*\*\*150.00

**DOCUMENT # L42288**

1. Entity Name\*  
CONTINENTAL PRINTING SERVICES, INC.



Principal Place of Business  
1529 CESERY BLVD.  
JACKSONVILLE, FL 32211

Mailing Address  
1529 CESERY BLVD.  
JACKSONVILLE, FL 32211

**DO NOT WRITE IN THIS SPACE**



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3061587

Applied For  
Not Applicable

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

**8. Name and Address of Current Registered Agent**

DUDUIT, JAMES L  
1529 CESERY BLVD  
JACKSONVILLE, FL 32211

**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	DPT
NAME	DUDUIT, JAMES
STREET ADDRESS	1529 CESERY BLVD
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	DS
NAME	DUDUIT, SHIRLEY
STREET ADDRESS	1529 CESERY BLVD.
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	VP
NAME	GERGANOUS, MITCH
STREET ADDRESS	1529 CESERY BLVD.
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	VP
NAME	KNIGHT, RONNIE
STREET ADDRESS	1529 CESERY BLVD.
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	VP
NAME	J. MICHAEL DUDUIT
STREET ADDRESS	1529 CESERY BLVD
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	VP
NAME	BARRY KNIGHT
STREET ADDRESS	1529 CESERY BLVD
CITY-ST-ZIP	JACKSONVILLE, FL

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-04

Date

904 744 2466

Daytime Phone #