

2004 FOR PROFIT CORPORATION ANNUAL REPORT

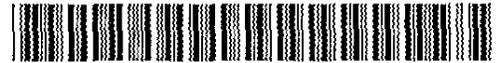
FILED
May 06, 2004 08:00 AM
Secretary of State

DOCUMENT # L63296
 1. Entity Name
NATIONAL DISCOUNT OFFICE SUPPLIES OF FLORIDA, INC.



Principal Place of Business Mailing Address
 2628 17TH STREET P.O. BOX 5
 SARASOTA, FL 34234 US SARASOTA, FL 34230-0005 US

DO NOT WRITE IN THIS SPACE



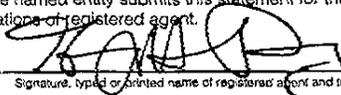
01142004 No Chg-P CR2E034 (10/03)

| | |
|---|---------------------------------------|
| 4. FEI Number 65-0090042 | 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
 PERCY, GEORGE H.
 2628 17TH ST
 SARASOTA, FL 34234

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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  George H. Percy 4-28-04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) 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

000000157373
 05/06/04-80024-006 150.00

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD PERCY, GEORGE H. 2628 17TH ST SARASOTA, FL 34234 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PERCY, MARILYN E. 2628 17TH ST SARASOTA, FL 34234 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(3), 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:  4-29-04 955-9229
Signature and typed or printed name of signing officer or director Date Daytime Phone #