


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M70075</b>	
<b>1. Entity Name</b> CENTRAL FLORIDA STAMP & SIGN AND PENCRAFTERS OF ORLANDO, INC.	

<b>Principal Place of Business</b> 139 E PINE ST ORLANDO, FL 32801 US	<b>Mailing Address</b> P.O. BOX 2289 ORLANDO, FL 32802 US
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01062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 59-2869957	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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

HOSKINS, JERRY E.  
139 E PINE ST  
ORLANDO, FL 32801

**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 reappointing) **DATE** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	U00000115963 04/16/04-80044-024 150.00
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	OP HOSKINS, JERRY E. 139 E PINE ST ORLANDO, FL
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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)(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:** Jerry E. Hoskins **JERRY E. HOSKINS** 13 APR 04 407-423-2500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #