2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# M74241

Entity Name: SPRING HILL OFFICE SUPPLY, INC.

Current Principal Place of Business:

% THOMAS EDWARDS
13139 ADAMS STREET
BROOKSVILLE, FL 34613

New Principal Place of Business:

PATRICIA EDWARDS
13139 ADAMS STREET
BROOKSVILLE, FL 34613

Current Mailing Address:

% THOMAS EDWARDS
13139 ADAMS STREET
BROOKSVILLE, FL 34613

New Mailing Address:

PATRICIA EDWARDS
13139 ADAMS STREET
BROOKSVILLE, FL 34613

FEI Number: 59-2894593 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

EDWARDS, THOMAS
13139 ADAMS STREET
BROOKSVILLE, FL 34613

Name and Address of New Registered Agent:

EDWARDS, PATRICIA A PRESIDE
13139 ADAMS STREET
BROOKSVILLE, FL 34613

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.

SIGNATURE: PATRICIA A. EDWARDS 04/30/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete
Name: EDWARDS, THOMAS,
Address: 13139 ADAMS STREET
City-St-Zip: BROOKSVILLE, FL

Title: DVS (X) Delete
Name: EDWARDS, PATRICIA,
Address: 13139 ADAMS STREET
City-St-Zip: BROOKSVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition
Name: EDWARDS, PATRICIA,
Address: 13139 ADAMS STREET
City-St-Zip: BROOKSVILLE, FL

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA A. EDWARDS PRES 04/30/2004
Electronic Signature of Signing Officer or Director Date