## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # M79006

Entity Name

PUBLISHERS CERTIFIED SERVICE, INC.



Principal Place of Business

445 DOUGLAS AVE

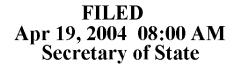
SUITE 2005-13

ALTAMONTE SPRINGS, FL 32714

Mailing Address

445 DOUGLAS AVE SUITE 2005-13

ALTAMONTE SPRINGS, FL 32714





## DO NOT WRITE IN THIS SPACE

04082004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3492077

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ICOVITTI, SHARON 445 DOUGLAS AVE STE 2005-13

ALTAMONTE SPRINGS, FL 32714

## DO NOT WRITE IN THIS SPACE

the obligat	named entity submits this statement for the p tions of registered agent.	urpose of changing its registere	ed office ar r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
Signature: Signature, types or printed name of registered agent and title II applicable. (NOTE Registered.			d Agent signature	required when reinstating)	DATE
	E NOW!!! FEE I\$ \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campaign Finan Trust Fund Contribution.	icing	\$5.00 May Be Added to Fees	000000120980 04/20/04-80031-018 150.00
10. OFFICERS AND DIRECTORS					The second secon
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ICOVITTI, SHARON 445 DOUGLAS AVE STE 2005-13 ALTAMONTE SPRINGS, FL 32714				
THTLE NAME STREET ADDRESS CHTY-ST-ZIP					• • • • • • • • • • • • • • • • • • • •
ntle name street address city-st-zip				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			hade i d	IN '	THIS SPACE
THELE NAME STREET ADDRESS CITY-ST-ZIP		***************************************			
TITLE NAME STREET ABORESS CITY-ST-ZIP					

12. I hereby certify that the Information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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 cath; 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: \_

5HARON IcovitTi

407-331-5000