

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005121

Entity Name: SORAS PRESS INC

FILED
Apr 28, 2004
Secretary of State

Current Principal Place of Business:

P.O. BOX 622767
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 622767
OVIEDO, FL 32765

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENJAMIN, MARIE F
810 WIL-O-WIK DRIVE
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DIR () Delete
Name: LUE, MATHA S
Address: 1337 TALL MAPLE LOOP
City-St-Zip: OVIEDO, FL 32765

Title: DIR () Delete
Name: ELLISON, GWEN
Address: 2245 MENOMONEE CT
City-St-Zip: ORLANDO, FL 32818

Title: DIR () Delete
Name: BROWN, MARY
Address: 1500 27TH AVE SOUTH
City-St-Zip: ST. PETE, FL 32705

Title: DIR () Delete
Name: BENJAMIN, MARIE F
Address: 810 WIL-O-WIK DRIVE
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change () Addition
Name: LUE, MARTHA S
Address: 1337 TALL MAPLE LOOP
City-St-Zip: OVIEDO, FL 32765

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

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTHA SCOTT LUE

PRES

04/28/2004

Electronic Signature of Signing Officer or Director

Date