


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2004 8:00 am
Secretary of State

05-03-2004 90387 030 ****61.25

DOCUMENT # N03000006037

1. Entity Name
PRINTER POPE ENTERPRISES, INC.



Principal Place of Business
**PO BOX 61115
 JACKSONVILLE, F; 32236**

Mailing Address
**PO BOX 61115
 JACKSONVILLE, F; 32236**

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

04302004 Chg-NP CR2E037 (10/03)

4. FEI Number **59-3509620** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**POPE, GEORGE P
 417 CASSAT AVENUE
 JACKSONVILLE, FL 32254**

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

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 reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P POPE, GEORGE P PO BOX 61115 JACKSONVILLE, F; 32236 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 617, 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: Ratna B Swendsen CPA **4-29-2004** **904-389-4562**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

66426038

Keep this part for your records. CP 576 A (Rev. 7-97)

Return this part with your Form SS-4, Application for Employer Identification Number. Please correct CP 576 A

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
ATLANTA GA 39901

DATE OF THIS NOTICE: 05-19-1998
NUMBER OF THIS NOTICE: CP 576 A
EMPLOYER IDENTIFICATION NUMBER: 59-3509620
FORM: 2553
0716605136 B

X

PRINTER POPE INC
P O BOX 37503
JACKSONVILLE FL 32236

FOR ASSISTANCE CALL US AT:
354-1760 LOCAL JACKSONVILLE
1-800-829-1040 OTHER FL

OR WRITE TO THE ADDRESS
SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN).