

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

07-14-2005 90081 017 \*\*\*150.00  
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DOCUMENT # P00000078889

1. Entity Name  
MEDIA INK CORPORATION



FILED

05 AUG 15 PM 4:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
7980 N ATLANTIC AVE  
CAPE CANAVERAL, FL 32920

Mailing Address  
7980 N ATLANTIC AVE  
CAPE CANAVERAL, FL 32920



06302005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3662332

Applied For  
Not Applicable

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

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

LEWIS, JAMES C JR  
7980 N ATLANTIC AVE  
CAPE CANAVERAL, FL 32920

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

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

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	LEWIS, JAMES C JR
STREET ADDRESS	8757 HONEYSUCKLE WAY
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920
TITLE	DS
NAME	STOTTLER, RICHARD H JR
STREET ADDRESS	8680 N ATLANTIC AVE
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*[Handwritten Signature]* JAMES C LEWIS, JR  
Date: July 4, 2005  
Daytime Phone: 783-5032



282

August 5, 2005

Florida Department of State  
Divisions of Corporations  
P O Box 1500  
Tallahassee, FL 32302-1500

Reference Number: P00000078889

Gentlemen:

With regards to your letter of July 15, 2005, we do not feel that we should have to pay the late charges because we did not receive the original notice.

The form on the web site has a block to check off stating that we did not receive the notice. The form you sent to us did not have that block.

In lieu of this please abate the late fees and file our report.

Very truly yours,

James C. Lews  
President