


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000113146		
1. Entity Name CLEAR IMAGE PRINTING & COPY CENTER INC.		
Principal Place of Business 3711 TROUT RIVER BLVD. JACKSONVILLE, FL 32208	Mailing Address 3711 TROUT RIVER BLVD. JACKSONVILLE, FL 32208	
DO NOT WRITE IN THIS SPACE		
5. Name and Address of Current Registered Agent GILBERT, LEON M 5536 GRAND CAYMAN RD. JACKSONVILLE, FL 32226		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature typed or printed name of registered agent and title if applicable.</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GILBERT, LEON M 5536 GRAND CAYMAN RD. JACKSONVILLE, FL 32226	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GILBERT, LINDA M 5536 GRAND CAYMAN RD. JACKSONVILLE, FL 32226	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 <u>Leon M Gilbert</u> <u>LEON M GILBERT</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>1/20/04</u> <small>Date</small> Daytime Phone # _____



01192004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3214303	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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03/26/04-80011-024 150.00