

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000131202

Entity Name: ONE PRINT SOURCE, INC.

FILED  
Jan 30, 2004  
Secretary of State

## Current Principal Place of Business:

327 OFFICE PLAZA DRIVE  
TALLAHASSEE, FL 32301

## New Principal Place of Business:

2540 AUGUSTINE CT  
TALLAHASSEE, FL 32311 US

## Current Mailing Address:

327 OFFICE PLAZA DRIVE  
TALLAHASSEE, FL 32301

## New Mailing Address:

2540 AUGUSTINE CT  
TALLAHASSEE, FL 32311 US

FEI Number: 02-0664413

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GOMIA, JAMES R  
327 OFFICE PLAZA DRIVE, SUITE 113  
TALLAHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

GOMIA, JAMES R  
2540 AUGUSTINE CT  
TALLAHASSEE, FL 32311 US

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:

01/30/2004

Electronic Signature of Registered Agent

Date

## Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GOMIA, JAMES R  
Address: 327 OFFICE PLAZA DRIVE  
City-St-Zip: TALLAHASSEE, FL 32301

Title: VP (X) Delete  
Name: GURIS, ROBERT M  
Address: 327 OFFICE PLAZA DRIVE  
City-St-Zip: TALLAHASSEE, FL 32301

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: GOMIA, JAMES R  
Address: 2540 AUGUSTINE CT  
City-St-Zip: TALLAHASSEE, FL 32311

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

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

SIGNATURE: JAMES ROBERT GOMIA

P

01/30/2004

Electronic Signature of Signing Officer or Director

Date