


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 09, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90250 029 \*\*\*150.00

<b>DOCUMENT # P03000008334</b> 1. Entity Name <b>THE PREPAID PRESS, INC.</b>					
Principal Place of Business <b>C/O SPINNER DITTMAN FEDERSPIEL &amp; DOWLING 151 NW FIRST AVE DELRAY BEACH, FL 33444</b>			Mailing Address <b>C/O SPINNER DITTMAN FEDERSPIEL &amp; DOWLING 151 NW FIRST AVE DELRAY BEACH, FL 33444</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DITTMAN, ROBERT A C/O SPINNER DITTMAN FEDERSPIEL & DOWLING 151 NW FIRST AVE DELRAY BEACH, FL 33444				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 8, 2004</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LOCKHART, LARRY	NAME			
STREET ADDRESS	15823 REDDINGTON DR	STREET ADDRESS			
CITY-ST-ZIP	REDDINGTON BEACH, FL 33708	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GARZA, DAN	NAME			
STREET ADDRESS	15823 REDDINGTON DR	STREET ADDRESS			
CITY-ST-ZIP	REDDINGTON BEACH, FL 33708	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TOBIAS, ROBIN	NAME			
STREET ADDRESS	2400 NE 192ND ST #107	STREET ADDRESS			
CITY-ST-ZIP	AVENTURA, FL 33180	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COLLINGWOOD, SUSIE	NAME			
STREET ADDRESS	251 174TH ST #912	STREET ADDRESS			
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RETSKE, GENE	NAME			
STREET ADDRESS	2225 CLUB DR	STREET ADDRESS			
CITY-ST-ZIP	VERO BEACH, FL 32963	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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)(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: <i>Robin Tobias</i>		Date: <i>4-1-04</i> (56) 296-2900			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #			

**66427515**



06072004 Chg-P CR2E034 (10/03)

4. FEI Number **33-1064243** Applied For Not Applicable

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



944 Greensward Lane • Delray Beach, FL 33445 • 866.203.2334 Phone • 305.945.4747 Fax

Attachment

66427515

June 7, 2004

Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Document No. P03000008334

Ladies/Gentlemen:

I contacted you via online and found that some of the Directors on the Annual Report was not corrected as per our original filing in April, 2004, even though the online search showed it was current. I, then, called the Secretary of State and was advised that this report was sent back to me as the FEI Number was inadvertently missing. However, I never received this form and am enclosing the completed Annual Report for The Prepaid Press, Inc. for your files

I understand there may be late charges, and I am asking that these charges be abated due to the fact that this form did not reach me and the form was timely filed.

Thank you very much for your consideration.

Very truly yours,

Patti Hasner  
Bookkeeper

ph  
enclosure