2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 15, 2004 8:00 am
Secretary of State
05-03-2004 90760 010 ***150.00

DOCUMENT # P03000074007

1. Entity Name
DOWN SOUTH PRINTING, INC.

Principal Place of Business	Mailing Address
SKYLAKE CIRCLE SUITE 822-A ORLANDO, FL 32809	SKYLAKE CIRCLE SUITE 822-A ORLANDO, FL 32809

00428155

03092004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
SUITE 822-A	SAME
Suite, Apt. #, etc. SKYLAKE CIRCLE	Suite, Apt. #, etc. SAME
City & State ORLANDO FLORIDA	City & State SAME
Zip 32809 Country ORANGE	Zip SAME Country SAME

4. FEI Number
EIN 11-3696496 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FALCK, JOHN C SKYLAKE CIRCLE SUITE 822-A ORLANDO, FL 32809	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: John C. Falck April 14, 2004
(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT JOHN C. FALCK 822-A SKYLAKE CIRCLE ORLANDO, F 32809	☐ Delete	No CHANGE JCF 6-4-04	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER JOHN C. FALCK JR 822-A SKYLAKE CIRCLE ORLANDO, F 32809	☐ Delete	No CHANGE JCF 6-4-04	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

JCF 6-4-04

JCF 6-4-04

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: John C. Falck April 14, 2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

John C. Falck June 4, 2004