

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

04-21-2004 90007 012 ***150.00

DOCUMENT # P03000102026 1. Entity Name FLORIDA RIBBON AND TONER SERVICES, INC.					
Principal Place of Business 1352 MACKERAL AVENUE SARASOTA, FL 34237			Mailing Address 1352 MACKERAL AVENUE SARASOTA, FL 34237		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
6. Name and Address of Current Registered Agent HECKMAN, DONALD H 5215 14TH STREET-WEST BRADENTON, FL 34207				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5227 14th Street West City BRADENTON FL Zip Code 34207	
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 <u><i>D. V. Heckman</i></u> DATE <u>3/15/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDWARDS, DIANE M 1352 MACKERAL AVENUE SARASOTA, FL 34237		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u><i>William M Edwards</i></u> / <u>DIANE M EDWARDS</u> 04.14.04 <u>094158-3360</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT Date Daytime Phone #</small>					

66413087



03132004 Chg-P CR2E034 (10/03)

FEI Number 20-0192474 Applied For ☐ Not Applicable ☒

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