


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90665 045 \*\*\*158.75

**DOCUMENT # P03000109976**

1. Entity Name  
**AMERICAN OFFICE PRODUCTS, INC.**



Principal Place of Business  
**4949 FOREST CREEK DRIVE**  
**PACE, FL 32571 US**

Mailing Address  
**4949 FOREST CREEK DRIVE**  
**PACE, FL 32571 US**

**34078462**

2. Principal Place of Business  
**445 Corday St**

3. Mailing Address  
**445 Corday St.**

Suite, Apt. #, etc.  
**Suite 3**



04212004 Chg-P CR2E034 (10/03)

City & State  
**Pensacola Florida**

City & State  
**Pensacola Florida**

Zip Country  
**32503 Escambia**

4. FEI Number  
**41-2112437**

Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent

**JOHNSON, MICHAEL O**  
**4949 FOREST CREEK DRIVE**  
**PACE, FL 32571**

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

7. Name and Address of New Registered Agent

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 \_\_\_\_\_

**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 P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JOHNSON, MICHAEL O		NAME	
STREET ADDRESS 4949 FOREST CREEK DRIVE		STREET ADDRESS	
CITY-ST-ZIP PACE, FL 32571		CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HARTIGAN, MATTHEW W		NAME	
STREET ADDRESS 1817 EAST LLOYD STREET		STREET ADDRESS	
CITY-ST-ZIP PENSACOLA, FL 32503		CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JOHNSON, MICHAEL O		NAME	
STREET ADDRESS 4949 FOREST CREEK DRIVE		STREET ADDRESS	
CITY-ST-ZIP PACE, FL 32571		CITY-ST-ZIP	
TITLE T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP PENSACOLA, FL 32503		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	
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 reports 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: Matthew W. Hartigan 4/28/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

(850) 484-8420