

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 25, 2004 8:00 am**  
**Secretary of State**

03-25-2004 90034 018 \*\*\*150.00

**DOCUMENT # P96000075398**

1. Entity Name

TAMPA BAY COPIERS, INC.



Principal Place of Business

2044 MARYSUE ST  
LARGO FL 33774  
US

Mailing Address

P.O. BOX 743  
LARGO FL 33779-0743

2. Principal Place of Business

4435 Cooper Rd.

Suite, Apt. #, etc.

City & State

Plant City, FL

Zip

33565

Country

Hillsborough

3. Mailing Address

P.O. Box 750

Suite, Apt. #, etc.

City & State

Thonotosassa, FL

Zip

33592

Country

Hillsborough



MOORE

CR2E034 (11/03)

4. FEI Number 59-3404802

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BRAYTON, MICHELLE  
2044 MARY SUE ST.  
LARGO FL 33774

7. Name and Address of New Registered Agent

Name Michelle Brayton

Street Address (P.O. Box Number is Not Acceptable)

4435 Cooper Rd.

City Plant City

FL

Zip Code

33565

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

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME BRAYTON, MICHELLE ☐ Delete  
STREET ADDRESS 2044 MARYSUE ST  
CITY-ST-ZIP LARGO FL 33774

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition  
NAME Michelle Brayton  
STREET ADDRESS 4435 Cooper Rd.  
CITY-ST-ZIP Plant City, FL 33565

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:**

*Michelle Brayton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/04 727-432-7436  
Date Daytime Phone #