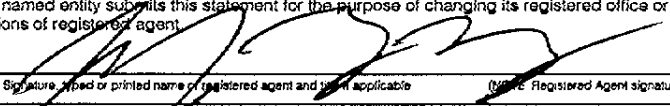
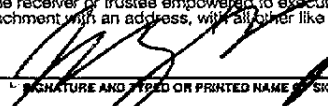


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000082387 1. Entity Name MULBERRY COPY CENTER, INC.		
Principal Place of Business 1284 N CHURCH AVE MULBERRY, FL 33860 US		Mailing Address PO BOX 320 MULBERRY, FL 33860-0320
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent LONG, JEFFREY L 1284 N CHURCH AVE MULBERRY, FL 33860		DO NOT WRITE IN THIS SPACE
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>3/15/04</u> Signature, typed or printed name of registered agent and title if applicable (None: 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 1100000090797 03/17/04-80033-016 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LONG, JONI L 2581 SUNDANCE CIRCLE MULBERRY, FL 33860	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LONG, JEFFREY L 2581 SUNDANCE CIRCLE MULBERRY, FL 33860	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE 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:  <u>JEFFREY LONG</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u>3/15/04</u> <u>863-425-1659</u> Date Daytime Phone #