

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 03, 2004 08:00 AM
Secretary of State**DOCUMENT # P97000016442**

1. Entity Name

HAMILTON PRINTING & OFFICE SUPPLIES, INC.

Principal Place of Business

**105 N.W. HATLEY STREET
JASPER, FL 32052**

Mailing Address

**PO BOX 1685
JASPER, FL 32052**

042B2004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3435707Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required****DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**FENNELL, SUSAN A
105 N.W. HATLEY STREET
JASPER, FL 32052****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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when renouncing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00**9. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00 May Be
Added to Fees****U000000155090
05/05/04-80025-001 150.00****10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PTSD FENNELL, SUSAN ANN 105 N.W. HATLEY STREET JASPER, FL 32052
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**DO NOT WRITE
IN THIS SPACE**

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 fees empowered.

SIGNATURE:*Susan Fennell* **SUSAN FENNELL** 4/30/04

SIGNATURE AND TYPED OR PRINTED NAME OF MOVING OFFICER OR DIRECTOR

Date

Daytime Phone #