

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000016958

FILED  
Apr 05, 2004  
Secretary of State

Entity Name: THE INK PLACE INC.

## Current Principal Place of Business:

154 DOVE CIR  
ROYAL PALM BEACH, FL 33411

## New Principal Place of Business:

61 WEST CENTRAL AVE.  
LAKE WALES, FL 33853

## Current Mailing Address:

154 DOVE CIR  
ROYAL PALM BEACH, FL 33411

## New Mailing Address:

61 WEST CENTRAL AVE.  
LAKE WALES, FL 33853

FEI Number: 65-0728536

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WALSH, HAROLD J  
154 DOVE CIR  
ROYAL PALM BEACH, FL 33411 US

## Name and Address of New Registered Agent:

WALSH, HAROLD J  
61 WEST CENTRAL AVE.  
LAKE WALES, FL 33853 US

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.

SIGNATURE:

04/05/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: WALSH, HAROLD J  
Address: 154 DOVE CIR  
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: V ( ) Delete  
Name: WALSH, CATHERINE  
Address: 154 DOVE CIRCLE  
City-St-Zip: WEST PALM BEACH, FL 33411

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: WALSH, HAROLD J  
Address: 61 WEST CENTRAL AVE.  
City-St-Zip: LAKE WALES, FL 33853

Title: V (X) Change ( ) Addition  
Name: WALSH, CATHERINE  
Address: 61 WEST CENTRAL AVE.  
City-St-Zip: LAKE WALES, FL 33853

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAROLD J. WALSH

P

04/05/2004

Electronic Signature of Signing Officer or Director

Date