

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000022114</b>	
1. Entity Name ALPHA BLUEPRINTING & PAPER SUPPLIES, INC.	
Principal Place of Business 25 PALM HARBOR VILLAGE WAY UNIT 1 PALM COAST, FL 32137	Mailing Address 25 PALM HARBOR VILLAGE WAY UNIT 1 PALM COAST, FL 32137



01152004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3430138

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

CHIUMENTO, MICHAEL D  
4 OLD KINS ROAD NORTH  
SUITE B  
PALM COAST, FL 32137

**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 file 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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HOOVER-WILCOX, JUANA 25 PALM HARBOR VILLAGE WAY UNIT 1 PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALYERDS, MELISSA 25 PALM HARBOR VILLAGE WAY UNIT 1 PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST WILCOX-WARD, AMY 25 PALM HARBOR VILLAGE WAY UNIT 1 PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KINNEY, DAWN 25 PALM HARBOR VILLAGE WAY UNIT 1 PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UD0000098707  
03/29/04-80051-015 158.75

**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 like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Thesmer*

2/23/04

386-446-1689

Date

Daytime Phone #