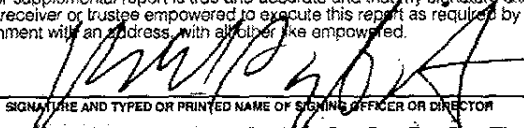


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000049191		
1. Entity Name DIGITAL COPIERS & PRINTERS, INC.		
Principal Place of Business 11720 U.S. 19 #6 PORT RICHEY, FL 34668	Mailing Address 11720 U.S. 19 #6 PORT RICHEY, FL 34668	
DO NOT WRITE IN THIS SPACE		
		03192004 No Chg-P CR2E034 (10/03)
		4. FEI Number 59-3449109
		Applied For Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent BOYKO, RICHARD A EA 11720 U.S. 19 #6 PORT RICHEY, FL 34668		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 _____ (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	S BOYKO, RICHARD A EA 11720 U.S. 19 #6 PORT RICHEY, FL 34668	DO NOT WRITE IN THIS SPACE U000000150028 05/03/04-80209-023 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAUM, CHARLES 4820 24TH RD ARLINGTON, VA 22207	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVP BROSCHART, WILLIAM 3102 FABER DR FALLS CHURCH, VA 22044	
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 another like empowered.		
SIGNATURE: 		4-30-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #