## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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## DOCUMENT # P98000007128

Entity Name

REARDON OFFICE SUPPLY, INC.



Principal Place of Business

Mailing Address

8020 CONGRESS STREET, UNIT #4 PORT RICHEY, FL 34668 8020 CONGRESS STREET, UNIT #4 PORT RICHEY, FL 34668 FILED Apr 08, 2004 08:00 AM Secretary of State



01282004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3493017

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MEYER, MICHAEL S 2477 HIDDEN PINES LANE CLEARWATER, FL 33761

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|   |   |   |                           | IIV.                           | I NIS 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   |   |   |                           | required when reinstating)     | DATE.       |
|   |   | <ol> <li>Election Campaign Finant<br/>Trust Fund Contribution.</li> </ol> | cin <b>g</b>              | \$5.00 May Be<br>Added to Fees |             |
| 10.   | OFFICERS AND DIREC  | CTORS   |                           |                                |             |
| HILE<br>MAME<br>STREET ADDRESS<br>CITY-SI-ZIP   | P<br>MEYER, MICHAEL<br>2477 HIDDEN PINES LANE<br>CLEARWATER, FL 33761 |   | U00000106227              |                                |             |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |   | 04/08/04-80007-006 150.00 |                                |             |
| Table<br>Name<br>Street address<br>City-SI-ZIP  |   |   |                           | DO                             | NOT WRITE   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |   | IN THIS SPACE             |                                |             |
| STREET ADDRESS<br>CITY-ST-ZIP   |   |   |                           |                                |             |
| TISLE<br>NAME   |   | _   |                           |                                |             |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

CITY-ST-ZIP

GNATURE AND THED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/0X

127-848-5115

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