2004 FOR PROFIT CORPORATION ANNUAL-REPORT

May 03, 2004 08:00 AM Secretary of State **DOCUMENT # P98000039385** 1. Entity Name CUSTOM PRINTING & PROMOTIONS, INC. Principal Place of Business Mailing Address POST OFFICE BOX 13871 POST OFFICE BOX 13871 TALLAHASSEE, FL 32317 TALLAHASSEE, FL 32317 No Chg-P CR2E034 (10/03) 04282004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3507581 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE SMITH, STEPHEN C 3412 GARDENVIEW WAY IN THIS SPACE TALLAHASSEE, FL 32309 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) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PD TITLE SMITH, STEPHEN C NAME 唐明一百,4等分别 POST OFFICE BOX 13871 STREET ADDRESS TALLAHASSEE, FL 32317 CITY+ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME

12. I hereby certify that the information supplied with this filling 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 eath, that I am an officer or director of the corporation or the receiver of custee 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 attachmen address, with all other like empowered

SIGNATURE:

STREET ADDRESS CITY+ST-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-04

FILED