


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 26, 2004 8:00 am**  
**Secretary of State**

03-26-2004 90039 040 \*\*\*150.00

**DOCUMENT # P98000093501**

1. Entity Name  
**MASTER PRINTING SERVICES, INC.**



Principal Place of Business      Mailing Address

~~528 CAMINO COURT~~      P.O. BOX 150218  
 ALTAMONTE SPRINGS FL 32701      ALTAMONTE SPRINGS FL 32715-0218

2. Principal Place of Business      3. Mailing Address

**5054 TOULON DRIVE**      **PO BOX 593433**

Suite, Apt. #, etc.      Suite, Apt. #, etc.


City & State      City & State

**ORLANDO, FL**      **ORLANDO, FL**

Zip      Country      Zip      Country

**32839**      **USA**      **32839-3433**      **USA**

0300101



MOORE      CR2E034 (11/03)

6. Name and Address of Current Registered Agent

**SNEERINGER, CARL E**  
~~528 CAMINO COURT~~  
 ALTAMONTE SPRINGS FL 32701  
**5054 TOULON DRIVE**  
**ORLANDO, FL 32839**

4. FEI Number      Applied For

**59-3543895**       Not Applicable

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City      FL      Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
 After May 1, 2004 Fee will be \$550.00  
 Make Check Payable to Florida Department of State

9. Election Campaign Financing      \$5.00 May Be Added to Fees

Trust Fund Contribution.     

10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	<b>SNEERINGER, CARL E</b>
STREET ADDRESS	<del>528 CAMINO COURT</del> <b>5054 TOULON DRIVE</b>
CITY-ST-ZIP	<del>ALTAMONTE SPRINGS FL 32701</del> <b>ORLANDO, FL 32839</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 all other like empowered.

SIGNATURE: **Carl E. Sneeringer, President 3/24/04**      Date      407-849-7400      Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR