## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# S46646

Title:

Name:

Address: City-St-Zip: PD

( ) Delete

LONG, WARREN T.,

ORLANDO, FL

5335-1 WHITE CLIFF LN

FILED Apr 27, 2004 Secretary of State

Entity Name: DOCUMATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 5335-1 WHITE CLIFF LANE SUITE 210 ORLANDO, FL 32812 **New Mailing Address: Current Mailing Address:** PO BOX 536929 ORLANDO, FL 328535929 US FEI Number: 59-3062657 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LONG, WARREN T. 5335-1 WHITE CLIFF LANE ORLANDO, FL 32812 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition Name: LONG, DEBRA K., Name: 5335-1 WHITE CLIFF LN Address: Address: City-St-Zip: ORLANDO, FL City-St-Zip: Title: VΡ Title: () Delete (X) Change ( ) Addition Name: CURTIS, RICHARD L Name: ORAVSKY, JENNIFER L 6607 CRISTINA MARIE DR 317 CANTERWOOD DRIVE Address: Address: ORLANDO, FL MEBANE, NC 27302 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: WARREN T. LONG PD 04/27/2004

() Change () Addition