




**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # V02266 1. Entity Name PRINTCRAFT PRINTING CENTERS OF NORTH FLORIDA, INC.			
Principal Place of Business 2164-2 GILMORE ST JACKSONVILLE, FL 32204		Mailing Address 2164-2 GILMORE ST JACKSONVILLE, FL 32204	
DO NOT WRITE IN THIS SPACE			
			
		05012004 No Chg-P CR2E034 (10/03)	
4. FEI Number 59-3105997		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LUMB, ROBIN 2164-2 GILMORE STREET JACKSONVILLE, FL 32204		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROCKER, CHARLES L JR. 2919 SANTIAGO STREET TAMPA, FL 33629		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GODWIN, MELVIN E 4141 BAYSHORE BLVD #2001 TAMPA, FL 33611		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP LUMB, ROBIN T 2164 GILMORE ST JACKSONVILLE, FL 32204		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP			
DO NOT WRITE IN THIS SPACE			
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 life empowered.			
SIGNATURE: 		ROBIN LUMB - PRESIDENT 4-28-04 (904) 610-8811	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	