

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 693088

FILED  
Mar 07, 2011  
Secretary of State

**Entity Name:** KWIKIE DUPLICATING CENTER OF PINELLAS PARK, INC.

**Current Principal Place of Business:**

8520 49TH STREET NORTH  
PINELLAS PARK, FL 33781 US

**New Principal Place of Business:**

**Current Mailing Address:**

8520 49TH STREET NORTH  
PINELLAS PARK, FL 33781 US

**New Mailing Address:**

FEI Number: 59-2107836

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KEMP, CHARLES L.  
8520 49 ST N.  
PINELLAS PARK, FL 33781 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: KEMP, CHARLES L  
Address: 6805 VERSAILLES  
City-St-Zip: PINELLAS PARK, FL 33781

Title: ST  
Name: KEMP, JACQUELINE J  
Address: 6805 VERSAILLES  
City-St-Zip: PINELLAS PARK, FL 33781

Title: VP  
Name: HALL, PATRICIA L.  
Address: 8520 49 ST N  
City-St-Zip: PINELLAS PARK, FL 33781

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA HALL

VP

03/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date