


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # K56298**

1. Entity Name  
**COPYPRO, INC.**



Principal Place of Business  
 11715 HWY 92 EAST  
 SEFFNER, FL 33584 US

Mailing Address  
 P.O. BOX 468  
 THONOTOSASSA, FL 33592

**DO NOT WRITE IN THIS SPACE**



04172008 No Chg-P CR2E934(41/05)

4. FEI Number  
**59-2928917** Applied Fee  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**STULL, R. JEFFREY., ESQ**  
**STULL, DEE & BARBER, P.A.**  
**602 SOUTH BOUlevard**  
**TAMPA, FL 33606**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

U00000908806  
 05/06/08-80045-006 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PADEN, JOHN M. 2913 MARLIN AVE TAMPA, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *John M. Paden* **JOHN M. PADEN** **APRIL 17, 2008** **813-885-1441**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #