2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2009
Secretary of State

DOCUMENT# L95184

Entity Name: COPYSMITH PRINTING & COPYING, INC.

Current Principal Place of Business:

1180 APALACHEE PARKWAY
TALLAHASSEE, FL 32301

New Principal Place of Business:

3454 LENOX MILL RD
TALLAHASSEE, FL 32309

Current Mailing Address:

1180 APALACHEE PARKWAY
TALLAHASSEE, FL 32301

New Mailing Address:

3454 LENOX MILL RD
TALLAHASSEE, FL 32309

FEI Number: 59-3022603 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, EDWARD G.
1180 APALACHEE PARKWAY
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

SMITH, EDWARD G.
3454 LENOX MILL RD.
TALLAHASSEE, FL 32309 US

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: 05/16/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SMITH, EDWARD G
Address: 3454 LENOXMILL RD.
City-St-Zip: TALLAHASSEE, FL

Title: ST ( ) Delete
Name: SMITH, SALLY J
Address: 3454 LENOX MILL RD.
City-St-Zip: TALLAHASSEE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SMITH, EDWARD G
Address: 3454 LENOX MILL RD.
City-St-Zip: TALLAHASSEE, FL

Title: ST (X) Change ( ) Addition
Name: SMITH, SALLY J
Address: 3454 LENOX MILL RD.
City-St-Zip: TALLAHASSEE, FL 32309

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: SALLY J. SMITH ST 05/16/2009
Electronic Signature of Signing Officer or Director Date