

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000094689

Entity Name: THE COPY TREE, INC.

FILED  
Apr 29, 2009  
Secretary of State

## Current Principal Place of Business:

1835 AUDUBON TRAIL  
LUTZ, FL 33549

## New Principal Place of Business:

## Current Mailing Address:

1835 AUDUBON TRAIL  
LUTZ, FL 33549

## New Mailing Address:

FEI Number: 26-0771024

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ANDREASEN, ALLAN B  
3925 MOORES LAKE ROAD  
DOVER, FL 33527 US

## Name and Address of New Registered Agent:

ANDREASEN, ALLAN B  
5517 VAN DYKE ROAD  
LUTZ, FL 33558 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:

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PST ( ) Delete  
Name: WILMOT, GINESE  
Address: 1835 AUDUBON TRAIL  
City-St-Zip: LUTZ, FL 33549

Title: VP ( ) Delete  
Name: WILMOT, ROBERT  
Address: 1835 AUDUBON TRAIL  
City-St-Zip: LUTZ, FL 33549

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: GINESE WILMOT

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date