2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005
Secretary of State

DOCUMENT# P93000060362

Entity Name: COPYFAX OF GAINESVILLE, INC.

Current Principal Place of Business:

4805 SW 34 STREET
GAINESVILLE, FL 326082551 US

New Principal Place of Business:

Current Mailing Address:

4805 SW 34 STREET
GAINESVILLE, FL 326082551 US

New Mailing Address:

FEI Number: 59-3199148 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUMPHRIES, RALPH
6320 ST. AUGUSTINE ROAD
#2
JACKSONVILLE, FL 32217 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MILLER, SCOTT
Address: 4805 SW 34 STREET
City-St-Zip: GAINESVILLE, FL 32608

Title: VD ( ) Delete
Name: DEFOOR, LARRY
Address: 6631 EXECUTIVE PARK CT. #210
City-St-Zip: JACKSONVILLE, FL 32216

Title: TSD ( ) Delete
Name: MILHOLLIN, JOHN
Address: 6631 EXECUTIVE PARK CT #210
City-St-Zip: JACKSONVILLE, FL 32216

Title: VD ( ) Delete
Name: GRICE, JAMES M
Address: 6631 EXECUTIVE PARK CT, #210
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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 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: JAMES M GRICE VD 04/15/2005

Electronic Signature of Signing Officer or Director — Date