


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90150 037 ***150.00

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1. Entity Name
 COPYCO, INC.



Principal Place of Business Mailing Address

6401 NOB HILL ROAD 6401 NOB HILL ROAD
 TAMARAC, FL 33321 US TAMARAC, FL 33321 US

DO NOT WRITE IN THIS SPACE



02152006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0605399	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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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 reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	COLSTON, BRENT
STREET ADDRESS	6401 NOB HILL ROAD
CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	VT
NAME	HOLLAND, BRIAN
STREET ADDRESS	6401 NOB HILL ROAD
CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	VPS
NAME	MORAN, STEPHEN
STREET ADDRESS	6401 NOB HILL ROAD
CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	D
NAME	TAYLOR, RICK
STREET ADDRESS	6401 NOB HILL ROAD
CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	D
NAME	EVERSOLE, DENNIS
STREET ADDRESS	6401 NOB HILL ROAD
CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	VCFO
NAME	ALLEN, DESMOND
STREET ADDRESS	6401 NOB HILL ROAD
CITY-ST-ZIP	TAMARAC, FL 33321

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____