

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90031 008 ***158.75

DOCUMENT # V41871	
1. Entity Name TOTAL REPROGRAPHICS, INC.	

Principal Place of Business 1435-D COLLINS WOODS BLVD. UNIT A PT CHARLOTTE, FL 33948 US	Mailing Address 1435-D COLLINS WOODS BLVD. UNIT A PT CHARLOTTE, FL 33948 US
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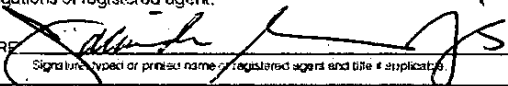
2. Principal Place of Business 1435 COLLINGSWOOD BLVD.	3. Mailing Address 1435 COLLINGSWOOD BLVD.
Suite, Apt. #, etc. UNIT "D"	Suite, Apt. #, etc. UNIT "D"
City & State PT. CHARLOTTE	City & State PORT CHARLOTTE
Zip 33948	Zip 33948
Country U.S.A	Country U.S.A



03112005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0340394	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GUNDZIK, JACINDA J 2042 LOUOY CT. NORTH PORT, FL 34288	
7. Name and Address of New Registered Agent Name GUNDZIK, JACINDA J. Street Address (P.O. Box Number is Not Acceptable) 2042 LOUOY CT. City NORTH PORT FL Zip Code 34288	

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.

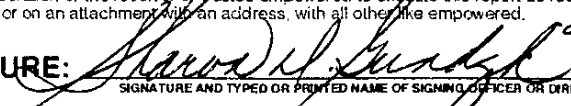
SIGNATURE  DATE **3/11/05**

(NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	☐ Delete	TITLE PD	☐ Change ☐ Addition
NAME GUNDZIK, SHARON		NAME GUNDZIK, SHARON	
STREET ADDRESS 1878 ARGONNE CT		STREET ADDRESS 1878 ARGONNE CT	
CITY- ST- ZIP NORTH PORT, FL 34288		CITY- ST- ZIP NORTH PORT, FL 34288	
TITLE 	☐ Delete	TITLE 	☐ Change ☐ Addition
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY- ST- ZIP 		CITY- ST- ZIP 	
TITLE 	☐ Delete	TITLE 	☐ Change ☐ Addition
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY- ST- ZIP 		CITY- ST- ZIP 	
TITLE 	☐ Delete	TITLE 	☐ Change ☐ Addition
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY- ST- ZIP 		CITY- ST- ZIP 	

12. I hereby certify that the information supplied with this filing does not qualify 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 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:  DATE **03/11/05** DAYTIME PHONE **941-255-5600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR