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	Mailing Address
1435-D COLLINS WOODS BLVD. UNIT A PT CHARLOTTE, FL 33948 US	1435-D COLLINS WOODS BLVD. UNIT A PT CHARLOTTE, FL 33948 US

03112005 Chg-P CR2E034 (10/03)

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

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 LOVOY 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: [signature] 3/11/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUNDZIK, SHARON 1878 ARGONNE CT NORTH PORT, FL 34288	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] SHARON GUNDZIK 03/11/05 941-255-5600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #