

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M35044

1. Entity Name
A BETTER BLUEPRINT & COPY CENTER, INC.



Principal Place of Business
919 NORTH DIXIE HIGHWAY
WEST PALM BEACH, FL 33401 US

Mailing Address
919 NORTH DIXIE HIGHWAY
WEST PALM BEACH, FL 33401 US

FILED
07 JUL 26 PM 3:41
CLERK OF COURT
JANASSIE, FLORIDA

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02/20/07 90405 023 \$200.00
01042007 No Chg-F CR2E034 (11/05)

4. FEI Number
59-2693869
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCCANDLESS, HUGH L.
16035 E. GLASGOW DRIVE
LOXAHATCHEE, FL 33470

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PT
NAME MCCANDLESS, HUGH L.
STREET ADDRESS 16035 E. GLASGOW DRIVE
CITY-ST-ZIP LOXAHATCHEE, FL 33470

TITLE VS
NAME MCCANDLESS, SHERI L.
STREET ADDRESS 16035 E. GLASGOW DRIVE
CITY-ST-ZIP LOXAHATCHEE, FL 33470

TITLE VD
NAME LANGWORTHY, HEATHER L VD
STREET ADDRESS C/O 16035 E GLASGOW DR
CITY-ST-ZIP LOXAHATCHEE, FL 33470

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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

2/15/07

Date Daytime Phone #

20 7/26