

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 04, 2005 8:00 am**  
**Secretary of State**

08-04-2005 90005 033 \*\*\*550.00

**DOCUMENT # 321898**

1. Entity Name  
**COPY VAN OF FLORIDA, INC.**



Principal Place of Business

**110 BAYWOOD AVENUE  
LONGWOOD, FL 32750**

Mailing Address

**110 BAYWOOD AVENUE  
LONGWOOD, FL 32750**

**50059955**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07282005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number

**59-1196671**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CAYTON, DAVID S.  
110 BAYWOOD AVENUE  
LONGWOOD, FL 32750**

7. Name and Address of New Registered Agent

Name **Carol A. Goad**

Street Address (P.O. Box Number is Not Acceptable)

**2224 Andrews Lane**

City **Oviedo**

**FL**

Zip Code  
**32765**

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 *Carol Ann Goad* **CAROL ANN GOAD** **8-2-05**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete  
NAME **CAYTON, D.S.**  
STREET ADDRESS **110 BAYWOOD AVENUE**  
CITY-ST-ZIP **LONGWOOD, FL**

TITLE **V** ☐ Delete  
NAME **CAYTON, D.K.**  
STREET ADDRESS **1004 CORBIN CT**  
CITY-ST-ZIP **OVIEDO, FL**

TITLE **S** ☐ Delete  
NAME **CAYTON, E.M.**  
STREET ADDRESS **110 BAYWOOD AVENUE**  
CITY-ST-ZIP **LONGWOOD, FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Assistant Vice Chair-** ☒ Change ☐ Addition  
NAME **man**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **CEO/Chairman** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **P/S/T, Vice Chairman** ☐ Change ☒ Addition  
NAME **Carol A Goad**  
STREET ADDRESS **2224 Andrews Lane**  
CITY-ST-ZIP **Oviedo, FL 32765**

TITLE **V, Vice-Chairman** ☐ Change ☒ Addition  
NAME **John R womaski**  
STREET ADDRESS **8105 olympia Court**  
CITY-ST-ZIP **Longwood, FL 32779**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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)(f), 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: *Carol Ann Goad* **CAROL ANN GOAD** **8/2/05** **407-834-2011**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #