

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

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



01212006 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-1196671

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

GOAD, CAROL A  
2224 ANDREWS LANE  
OVIEDO, FL 32765

**DO NOT WRITE  
IN THIS SPACE**

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, 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, 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	PST
NAME	GOAD, CAROL A
STREET ADDRESS	2224 ANDREWS LANE
CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	AVC
NAME	CAYTON, D.K.
STREET ADDRESS	1004 CORBIN CT
CITY-ST-ZIP	OVIEDO, FL
TITLE	CEOC
NAME	CAYTON, E.M.
STREET ADDRESS	110 BAYWOOD AVENUE
CITY-ST-ZIP	LONGWOOD, FL
TITLE	VVC
NAME	WOMASKI, JOHN R
STREET ADDRESS	8105 OLYMPIA COURT
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/08/06-80077-002 150.00

**DO NOT WRITE  
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:

*Carol Ann Goad* CAROL ANN GOAD  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/06  
Date

407-834-2011  
Daytime Phone #