

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90264 024 \*\*\*158.75

**DOCUMENT # 479573**

1. Entity Name  
**COPYTRONICS, INC.**



Principal Place of Business

**2461 ROLAC ROAD  
JACKSONVILLE, FL 32207**

Mailing Address

**P.O. BOX 5489  
JACKSONVILLE, FL 32247**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

04222004

Chg-P

CR2E034 (10/03)

4. FEI Number

**59-1400035**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SHIELDS, PAUL J.  
2461 ROLAC ROAD  
JACKSONVILLE, FL 32207**

7. Name and Address of New Registered Agent

Name

**Virginia P. Shields**

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

**2461 Rolac Road**

City

**Jacksonville**

**FL**

Zip Code

**32207**

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

*Virginia P. Shields*

**Virginia P. Shields, VP/Sec.**

**4/27/04**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE CT ☐ Delete  
NAME SHIELDS, PAUL J.  
STREET ADDRESS 2461 ROLAC ROAD  
CITY-ST-ZIP JACKSONVILLE, FL 322007

TITLE SV ☐ Delete  
NAME SHIELDS, VIRGINIA  
STREET ADDRESS 2461 ROLAC ROAD  
CITY-ST-ZIP JACKSONVILLE, FL 32207

TITLE P ☐ Delete  
NAME SHIELDS, ROBERT D  
STREET ADDRESS 2461 ROLAC RD.  
CITY-ST-ZIP JACKSONVILLE, FL 32207

TITLE VP ☐ Delete  
NAME SHIELDS, GARY W  
STREET ADDRESS 2461 ROLAC RD  
CITY-ST-ZIP JACKSONVILLE, FL 32207

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

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

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

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

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)(j), 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:**

*Virginia P. Shields*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Virginia P. Shields**

**4/27/04**

**904 731-5100**

Daytime Phone #