

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2008 08:00 A**  
**Secretary of State**

**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**



04102008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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, VIRGINIA P  
2461 ROLAC ROAD  
JACKSONVILLE, FL 32207**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.



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

U000000904705  
05/01/08-80023-015 158.75

**10. OFFICERS AND DIRECTORS**

TITLE	SV
NAME	SHIELDS, VIRGINIA
STREET ADDRESS	2461 ROLAC ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	P
NAME	SHIELDS, ROBERT D
STREET ADDRESS	2461 ROLAC RD.
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	VP
NAME	SHIELDS, GARY W
STREET ADDRESS	2461 ROLAC RD
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #