

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F92480

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: TARGET COPY INCORPORATED

## Current Principal Place of Business:

635 WEST TENNESSEE ST.  
TALLAHASSEE, FL 32304 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 1569  
TALLAHASSEE, FL 323021569 US

## New Mailing Address:

FEI Number: 59-2210612

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILLIAMS, MAYDA GERDON  
917 SUMMERBROOKE DR  
TALLAHASSEE, FL 32312 US

## Name and Address of New Registered Agent:

WILLIAMS, MAYDA GERDON  
2069 CANTIGNY WAY  
TALLAHASSEE, FL 32308 US

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.

SIGNATURE:

04/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: WILLIAMS, MAYDA GERDON  
Address: 917 SUMMERBROOKE DR.  
City-St-Zip: TALLAHASSEE, FL 32312

Title: VP ( ) Delete  
Name: BUTERA, JASON  
Address: 4491 FOXCROFT DR  
City-St-Zip: TALLAHASSEE, FL 32309

Title: S ( ) Delete  
Name: WABLE, KEVIN  
Address: 24154 BASSWOOD LN  
City-St-Zip: TALLAHASSEE, FL 32308

Title: T ( ) Delete  
Name: SCHROEDER, PAULA  
Address: 2609 SADIE LANE  
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete  
Name: COHEN, TRACEY G  
Address: 3065 MORNINGSIDE DR  
City-St-Zip: TALLAHASSEE, FL 32301

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: WILLIAMS, MAYDA GERDON  
Address: 2069 CANTIGNY WAY  
City-St-Zip: TALLAHASSEE, FL 32308

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAULA H. SCHROEDER

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04/16/2009

Electronic Signature of Signing Officer or Director

Date