

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F92480

**FILED**  
**Mar 15, 2011**  
**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 (X)**

**Name and Address of Current Registered Agent:**

COHEN, TRACEY G  
2275 TRESCOTT DRIVE  
TALLAHASSEE, FL 32308 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** COHEN, TRACEY G  
**Address:** 2275 TRESCOTT DRIVE  
**City-St-Zip:** TALLAHASSEE, FL 32308

**Title:** S  
**Name:** WABLE, KEVIN  
**Address:** 2415 BASSWOOD LANE  
**City-St-Zip:** TALLAHASSEE, FL 32308

**Title:** TR  
**Name:** SCHROEDER, PAULA H  
**Address:** 2609 SADIE LANE  
**City-St-Zip:** TALLAHASSEE, FL 32312

I hereby 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 all other like empowered.

**SIGNATURE:** PAULA H. SCHROEDER

TR

03/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date