2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# J14610

Entity Name: RELIABLE COPY PRODUCTS, INC.

Current Principal Place of Business:

735 AIRPORT DR.
PANAMA CITY, FL 32405 US

New Principal Place of Business:

1317 HARRISON AVENUE
PANAMA CITY, FL 32401 US

Current Mailing Address:

735 AIRPORT DR.
PO BOX 271
PANAMA CITY, FL 324020271 US

New Mailing Address:

P.O. BOX 271
PANAMA CITY, FL 324020271 US

FEI Number: 59-2707715 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMOTHERS, CATHY I
735 AIRPORT DRIVE
PANAMA CITY, FL 32305 US

Name and Address of New Registered Agent:

SMOTHERS, CATHY I
1317 HARRISON AVENUE
PANAMA CITY, FL 32401 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: 04/08/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: SMOTHERS, CATHY IRENE
Address: 400 EAST 19TH ST.-4
City-St-Zip: PANAMA CITY, FL

Title: V ( ) Delete
Name: SMOTHERS, JAMES J JR.
Address: 108 N COVE LANE
City-St-Zip: PANAMA CITY, FL 32401

Title: TS ( ) Delete
Name: STEVENS, CRAIG MATTHEW
Address: 107 ROWE AVE
City-St-Zip: PANAMA CITY, FL 32401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition
Name: SMOTHERS, CATHY IRENE
Address: 400 EAST 19TH ST.-4
City-St-Zip: PANAMA CITY, FL 32405

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: CATHY IRENE SMOTHERS PTD 04/08/2009
Electronic Signature of Signing Officer or Director — Date