

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J14610

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

**Entity Name:** RELIABLE COPY PRODUCTS, INC.

**Current Principal Place of Business:**

1317 HARRISON AVENUE  
PANAMA CITY, FL 32401 US

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**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  
1317 HARRISON AVENUE  
PANAMA CITY, FL 32401 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: PTD  
Name: SMOTHERS, CATHY IRENE  
Address: 400 EAST 19TH ST. A1  
City-St-Zip: PANAMA CITY, FL 32405

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

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

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: CATHY I. SMOTHERS

PRES

04/10/2012

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

\_\_\_\_\_  
Date