2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J69848

1. Entity Name

COPY CAT PRINTING CENTERS, INC.



FILED Mar 12, 2007 08:00 AM Secretary of State

Principal Place of Business

200 01 003111033

1678 RIDGEWOOD AVE UNIT A

HOLLY HILL, FL 32117

· Mailing Address

1678 RIDGEWOOD AVE

UNIT A

HOLLY HILL, FL 32117



01232007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2802484

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BENETT, RUSSELL 1678 RIDGEWOOD AVE UNIT A HOLLY HILL, FL 32017

DO NOT WRITE IN THIS SPACE

			Part of the state of	The control of the state of the
	named entity submits this statement for the plions of registered agent.	urpose of changing its register	ed office or registered agent, or b	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.				
Signature, typed or printed name of registered egent and title if applicable (NOTE: Registered Agent alignature required when reinstating) DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution				
10.	OFFICERS AND DIREC	TORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BENETT, RUSSELL 880 OLD MILL RUN ORMOND BEACH, FL		paga dinga manakan Katang Managa manakan	and the second of the second o
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BENETT, ALMA M. 880 OLD MILL RUN ORMOND BCH, FL		Commence of the second	000000664230 03/22/07-80036-013 158.75
NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY+ST+ZIP				THIS SPACE
TITLE NAME STREET ADDRESS				Professional Community (1995) And the second of the second

12. I hereby certify that the information supplied with this filling 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.

SIGNATUREX

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

17/07 38

<u> 386-677-691</u>