

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K51430

FILED
Jan 08, 2009
Secretary of State

Entity Name: TARGET COPY OF GAINESVILLE, INC.

Current Principal Place of Business:

4130 NW 16 BLVD
GAINESVILLE, FL 32605 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 13955
GAINESVILLE, FL 32604 US

New Mailing Address:

FEI Number: 59-2919872 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

OETTER, ROBERT L
904 SW 96 ST
GAINESVILLE, FL 32608 US

Name and Address of New Registered Agent:

OETTER, ROBERT L PRES.
904 SW 96 ST
GAINESVILLE, FL 32608 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: ROBERT L OETTER

01/08/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: OETTER, ROBERT L.,
Address: 904 SW 96TH ST.
City-St-Zip: GAINESVILLE, FL

Title: S/T () Delete
Name: OETTER, WILLIAM P.,
Address: 15022 SW WILLISTON ROAD
City-St-Zip: MICANOPY, FL 32667

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: OETTER, ROBERT L PRES
Address: 904 SW 96TH ST.
City-St-Zip: GAINESVILLE, FL 32608 US

Title: S/T (X) Change () Addition
Name: OETTER, WILLIAM P S/T
Address: 15022 SW WILLISTON ROAD
City-St-Zip: MICANOPY, FL 32667 US

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: WILLIAM PETER OETTER

S/T

01/08/2009

Electronic Signature of Signing Officer or Director

Date