
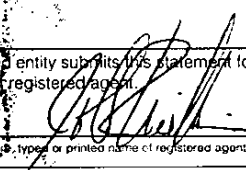
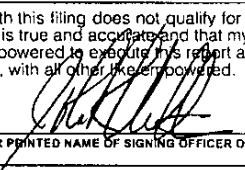


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2007 8:00 am
Secretary of State

01-05-2007 90029 042 ***150.00

DOCUMENT # L42646 1. Entity Name ADVANCED REPROGRAPHICS, INC.					
Principal Place of Business 2207A NW 13TH ST GAINESVILLE, FL 32609 US			Mailing Address PO BOX 357670 GAINESVILLE, FL 32635-7670		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2986224	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLIAMS, JOHN R. 2207-A NW 13TH STREET GAINESVILLE, FL 32-609y				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between; align-items: center;"> FL Zip Code 32609 </div>	
8. 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. I am familiar with, and accept the obligations of registered agent. <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">  SIGNATURE <small>Signature, type or printed name of registered agent and title if applicable.</small> </div> <div style="text-align: center;"> JOHN R WILLIAMS <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="text-align: center;"> V.P. DATE 1-3-07 </div> </div>					
FILE NOW!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, JOHN R. 2207-A NW 13TH ST GAINESVILLE, FL 32609	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CADWALLADER, M. STEPHEN 2207-A NW 13TH ST GAINESVILLE, FL 32609	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILLIAMS, CHERYL R 2207-A NW 13TH ST GAINESVILLE, FL 32609	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing 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.					
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div style="text-align: center;"> JOHN R WILLIAMS <small>Date</small> </div> <div style="text-align: center;"> V.P. <small>Daytime Phone #</small> </div> <div style="text-align: center;"> 1-3-07 <small>Date</small> </div> <div style="text-align: center;"> 352-375-7468 <small>Daytime Phone #</small> </div> </div>					

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01032007 Chg-P CR2E034 (12/06)

4. FEI Number
59-2986224

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WILLIAMS, JOHN R.
2207-A NW 13TH STREET
GAINESVILLE, FL 32-609y

*change only
ZIP code*

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

32609

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, type or printed name of registered agent and title if applicable.

JOHN R WILLIAMS

V.P.

1-3-07

DATE

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
WILLIAMS, JOHN R.
2207-A NW 13TH ST
GAINESVILLE, FL 32609

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
CADWALLADER, M. STEPHEN
2207-A NW 13TH ST
GAINESVILLE, FL 32609

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S
WILLIAMS, CHERYL R
2207-A NW 13TH ST
GAINESVILLE, FL 32609

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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