


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2008 08:00 A
Secretary of State

DOCUMENT # L42646 1. Entity Name ADVANCED REPROGRAPHICS, INC.	
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Principal Place of Business 2207A NW 13TH ST GAINESVILLE, FL 32609 US	Mailing Address PO BOX 357670 GAINESVILLE, FL 32635-7670
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01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2986224	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

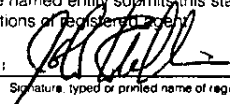
6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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:



JOHN R WILLIAMS

VP

1/4/08
DATE

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

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

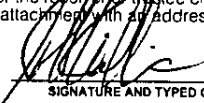
TITLE	D
NAME	WILLIAMS, JOHN R.
STREET ADDRESS	2207-A NW 13TH ST
CITY-ST-ZIP	GAINESVILLE, FL 32609
TITLE	D
NAME	CADWALLADER, M. STEPHEN
STREET ADDRESS	2207-A NW 13TH ST
CITY-ST-ZIP	GAINESVILLE, FL 32609
TITLE	S
NAME	WILLIAMS, CHERYL R
STREET ADDRESS	2207-A NW 13TH ST
CITY-ST-ZIP	GAINESVILLE, FL 32609
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/08/08-80038-008 150.00

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:



JOHN R WILLIAMS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/08
Date

352-375-7468
Daytime Phone #