

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000001339

1. Entity Name
ABOVE & BEYOND REPROGRAPHICS, INC.



Principal Place of Business
2161 PALM BEACH LAKES, STE 412
WEST PALM BEACH, FL 33409

Mailing Address
2161 PALM BEACH LAKES, STE 412
WEST PALM BEACH, FL 33409



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0971362

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TRUE, DAVID R
2161 PALM BEACH LAKES, STE 412
WEST PALM BEACH, FL 33409

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP
NAME VALLE, DEBRA S
STREET ADDRESS 2161 PALM BCH LAKES BLVD STE 412
CITY-ST-ZIP WEST PALM BEACH, FL 33409

TITLE D
NAME TRUE, DAVID R
STREET ADDRESS 2161 PALM BEACH LAKES BLVD STE 412
CITY-ST-ZIP WEST PALM BEACH, FL 33409

TITLE DST
NAME HOPKINS, JOHN C
STREET ADDRESS 2161 PALM BEACH LAKES BLVD STE 412
CITY-ST-ZIP WEST PALM BEACH, FL 33409

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 live empowered.

SIGNATURE:

David R. True

David R. True

4/25/05

561-686-6300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #