2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000082039

Name:

Address:

City-St-Zip:

BATTLE, HERMAN

2520 CARIBBEAN CT

ORLANDO, FL 32805

Entity Name: THE COPY PROS OF CENTRAL FLORIDA, INC.

FILED May 09, 2005 Secretary of State

Current P	rincipal Place	of Business:	New Principal Place of	New Principal Place of Business:	
	RANGE AVE D, FL 32806		9501 SATELLITE BLVD. SUITE #104 ORLANDO, FL 32837		
Current M	lailing Addres	s:	New Mailing Address:	New Mailing Address:	
	RANGE AVE D, FL 32806		9501 SATELLITE BLVD. SUITE #104 ORLANDO, FL 32837		
FEI Number:	: 59-3671525	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of N	Name and Address of New Registered Agent:	
ST. CLOU	LANCELOT CR D, FL 34772	US	purpose of changing its registered c	office or registered agent, or both,	
SIGNATU					
Election Car	ce with s. 607.19	iic Signature of Registered Ag 3(2)(b), F.S., the corporation did no g Trust Fund Contribution (). TORS:	ot receive the prior notice.	Date TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PD () BAILEY, PETER 1975 SIR LANC SAINT CLOUD,	ELOT CR	Title: () Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	VP () RENTA, VICTOI 4912 MAYBELL ORLANDO, FL	A ISLE DR	Title: () Name: Address: City-St-Zip:) Change ()Addition	
Title:	VP ()	Delete	Title:) Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: PETER BAILEY PD 05/09/2005