

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000106355	
1. Entity Name FLORIDA COPY SYSTEMS, INC.	

Principal Place of Business 310 BRUNSON BLVD SUITE #103 COCOA, FL 32922 US	Mailing Address 310 BRUNSON BLVD SUITE #103 COCOA, FL 32922 US
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02102006 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3683387	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HUGHES, BRIAN K 1110 MAIKAI DR MERRITT ISLAND, FL 32953

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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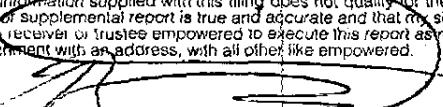
10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P HUGHES, BRIAN 1110 MAIKAI DR MERRITT ISLAND, FL 32953
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD CARMONA, VERONICA 1110 MAIKAI DR MERRITT ISLAND, FL 32922
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IN THIS SPACE**

U00000432872
02/23/06-80087-008 150.00

U00000432872
02/23/06-80087-007 8.75

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:  **2-10-06 321-609-267**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #