

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90189 037 ***150.00

DOCUMENT # P00000110200

1. Entity Name

COPYFAX SVCS. CORPORATION



Principal Place of Business

816 FRANKLIN STREET
CLEARWATER FL 33756-5514

Mailing Address

816 FRANKLIN STREET
CLEARWATER FL 33756-5514

2. Principal Place of Business

1050 North Myrtle Ave

3. Mailing Address

Suite, Apt. #, etc.

City & State

Clearwater

City & State

Zip

33756

Country

USA

Zip

USA

1st MOORE

CR2E034 (10/05)



4. FEI Number

59-3701194

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RACINE, FRITZ JR
816 FRANKLIN STREET
CLEARWATER FL 33756-5514

7. Name and Address of New Registered Agent

Name Racine, Fritz Jr

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

1050 North Myrtle Ave

City Clearwater

FL

Zip Code

33756

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 reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME RACINE, FRITZ JR
STREET ADDRESS 816 FRANKLIN STREET
CITY-ST-ZIP CLEARWATER FL 33756-5514

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition
NAME Racine Fritz Jr
STREET ADDRESS 1050 North Myrtle Ave
CITY-ST-ZIP Clearwater Fl. 33756

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(927) 461-4701