

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000121522

FILED  
Mar 24, 2009  
Secretary of State

Entity Name: COPY SYSTEMS BUSINESS CENTER, INC.

**Current Principal Place of Business:**

15017 E. EMERALD COAST PARKWAY  
DESTIN, FL 32541

**New Principal Place of Business:**

**Current Mailing Address:**

15017 E. EMERALD COAST PARKWAY  
DESTIN, FL 32541

**New Mailing Address:**

FEI Number: 80-0002794

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HELMICH, KEVIN M ESQ.  
4481 LEGENDARY DRIVE, SUITE 200  
DESTIN, FL 32541 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: WOOLMAN, DEBRA JEAN  
Address: 709 ST. CROIX COVE  
City-St-Zip: NICEVILLE, FL 32578

Title: D ( ) Delete  
Name: WOOLMAN, PAUL DUPREE  
Address: 709 ST. CROIX COVE  
City-St-Zip: NICEVILLE, FL 32578

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ST (X) Change ( ) Addition  
Name: WOOLMAN, DEBRA JEAN  
Address: 709 ST. CROIX COVE  
City-St-Zip: NICEVILLE, FL 32578

Title: P (X) Change ( ) Addition  
Name: WOOLMAN, PAUL DUPREE  
Address: 709 ST. CROIX COVE  
City-St-Zip: NICEVILLE, FL 32578

Title: VP ( ) Change (X) Addition  
Name: TOMMEY, RUSSELL  
Address: 321 SYMPHONY WAY  
City-St-Zip: FREEPORT, FL 32439 US

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

SIGNATURE: PAUL DUPREE WOOLMAN

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03/24/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date