

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000121522

**FILED**  
**Mar 30, 2012**  
**Secretary of State**

**Entity Name:** COPY SYSTEMS BUSINESS CENTER, INC.

**Current Principal Place of Business:**

15017 E. EMERALD COAST PARKWAY  
BOX E  
DESTIN, FL 32541

**New Principal Place of Business:**

**Current Mailing Address:**

15017 E. EMERALD COAST PARKWAY  
BOX E  
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:**

KEVIN M. HELMICH, P.A.  
4405 COMMOMS DRIVE EAST, SUITE 102  
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

**OFFICERS AND DIRECTORS:**

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

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

Title: VP  
Name: TOMMEY, RUSSELL  
Address: 321 SYMPHONY WAY  
City-St-Zip: FREEPORT, FL 32439 US

I hereby 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 all other like empowered.

SIGNATURE: DEBRA J. WOOLMAN

ST

03/30/2012

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

\_\_\_\_\_  
Date