

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000010380

FILED
Jul 06, 2007
Secretary of State

Entity Name: CERTIFIED PRINTER REPAIRS PLUS, INC.

Current Principal Place of Business:

7600 ALICO ROAD
SUITE 10
FORT MYERS, FL 33912

Current Mailing Address:

8476 CORAL DRIVE
FORT MYERS, FL 33912

New Principal Place of Business:

7600 ALICO ROAD
SUITE 10
FORT MYERS, FL 33967

New Mailing Address:

7600 ALICO ROAD
SUITE 10
FORT MYERS, FL 33967

FEI Number: 04-3625909

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CHAMBERLAIN, BARBARA
8476 CORAL DRIVE
FORT MYERS, FL 33912 US

Name and Address of New Registered Agent:

CHAMBERLAIN, BARBARA
8476 CORAL DRIVE
FORT MYERS, FL 33967 US

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: BARBARA CHAMBERLAIN

07/06/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CHAMBERLAIN, BARBARA L
Address: 8476 CORAL DRIVE
City-St-Zip: FORT MYERS, FL 33912

Title: ST (X) Delete
Name: CHAMBERLAIN, BARBARA L
Address: 8476 CORAL DRIVE
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CHAMBERLAIN, BARBARA L
Address: 8476 CORAL DRIVE
City-St-Zip: FORT MYERS, FL 33967

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BARBARA CHAMBERLAIN

PD

07/06/2007

Electronic Signature of Signing Officer or Director

Date