

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000075084

Entity Name: COPYLADY, INC.

FILED
Mar 10, 2008
Secretary of State

Current Principal Place of Business:

11533 CHARLIES TERRACE
FORT MYERS, FL 33907

New Principal Place of Business:

2020 BEACON MANOR DRIVE
FORT MYERS, FL 33907

Current Mailing Address:

PO BOX 2397
FT MYERS, FL 339022397

New Mailing Address:

FEI Number: 46-0490342

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUFF, CYNTHIA
11533 CHARLIES TERRACE
FORT MYERS, FL 33907 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: DP () Delete
Name: DUFF, CYNTHIA A
Address: 11533 CHARLIES TERRACE
City-St-Zip: FORT MYERS, FL 33907

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: DUFF, CYNTHIA A
Address: 2020 BEACON MANOR DRIVE
City-St-Zip: FORT MYERS, FL 33907

Title: DVP () Change (X) Addition
Name: DETRICK, DAN J
Address: 2020 BEACON MANOR DRIVE
City-St-Zip: FORT MYERS, FL 33907

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: CYNTHIA A. DUFF

DP

03/10/2008

Electronic Signature of Signing Officer or Director

Date