


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90281 010 ***150.00

DOCUMENT # P03000051522	
1. Entity Name COPY THIS, INC.	

Principal Place of Business 1810 S. VOLUSIA AVE ORANGE CITY, FL 32763	Mailing Address 1810 S. VOLUSIA AVE ORANGE CITY, FL 32763
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DO NOT WRITE IN THIS SPACE



02152006 No Chg-P CR2E034 (11/05)

4. FEI Number 84-1675954	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

HORAN, ANNE
 2792 W COVINGTON BLVD
 DELTONA, FL 32738

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

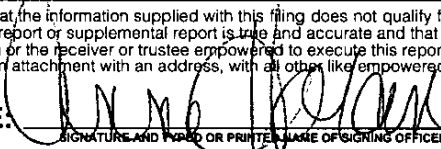
FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHAPMAN, MARY A 1234 SUPERIOR BLVD. P.O. Box 740217 WYANOTTE, MI 48102 Orange City, FL 32774
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HORAN, JOHN P 2792 W. COVINGTON BLVD. DELTONA, FL 32738
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T HORAN, ANNE F 2792 W. COVINGTON BLVD. DELTONA, FL 32738
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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

SIGNATURE:  DATE: 05-27-06 DAYTIME PHONE #: 774 1765