

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90046 006 ***150.00

DOCUMENT # P03000092000

1. Entity Name

OFFICE IMAGING SOLUTIONS, INC.



Principal Place of Business

2008 N. 28TH STREET
TAMPA FL 33605

Mailing Address

1402 ALCOMA DRIVE
BRANDON FL 33510

2. Principal Place of Business

1402 Alcoma Drive

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Brandon, FL

City & State

Zip

33510

Country

USA

Zip

Country

4. FEI Number

20-0170315

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MULEY, NICK A
1402 ALCOMA DRIVE
BRANDON FL 33510

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME CURA, GUSTAVO E
STREET ADDRESS 4829 SAN MIGUEL
CITY-ST-ZIP TAMPA FL 33629

TITLE VD ☐ Delete
NAME MELINSKY, DAVID
STREET ADDRESS 2500 GRANADA CIR W
CITY-ST-ZIP ST PETERSBURG FL 33712

TITLE STD ☐ Delete
NAME MULEY, ELIZABETH L
STREET ADDRESS 1402 ALCOMA DR
CITY-ST-ZIP BRANDON FL 33510

TITLE D ☐ Delete
NAME MULEY, NICK A
STREET ADDRESS 1402 ALCOMA DR
CITY-ST-ZIP BRANDON FL 33510

TITLE D ☐ Delete
NAME OLIVA, JOHN
STREET ADDRESS P O BOX 2206
CITY-ST-ZIP TAMPA FL 33601

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Elizabeth L. Muley Elizabeth L. Muley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-05

Date

(813) 655-5531

Daytime Phone #