

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000066535

FILED  
Jan 20, 2011  
Secretary of State

**Entity Name:** TOTAL DOCUMENT SOLUTIONS, INC.

**Current Principal Place of Business:**

1 HARGROVE GRADE, STE. 1L  
PALM COAST, FL 32137

**New Principal Place of Business:**

**Current Mailing Address:**

2325 IVYGAIL DR E  
JACKSONVILLE, FL 32225

**New Mailing Address:**

**FEI Number:** 20-1053613

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MUMFORD, RICHARD E P  
2325 IVYLGAI DR. E.  
JACKSONVILLE, FL 32225 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: S  
Name: CAVALIERE, EMILIE D  
Address: 168 BRIDGEHAVEN DRIVE  
City-St-Zip: PALM COAST, FL 32137

Title: T  
Name: MUMFORD, SALLY  
Address: 2325 IVYGAIL DRIVE EAST  
City-St-Zip: JACKSONVILLE, FL 32225

Title: P  
Name: MUMFORD, RICHARD E  
Address: 2325 IVYGAIL DRIVE EAST  
City-St-Zip: JACKSONVILLE, FL 32225

Title: V  
Name: CAVALIERE, ANTHONY  
Address: 168 BRIDGEHAVEN DRIVE  
City-St-Zip: PALM COAST, FL 32137

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: SALLY MUMFORD

T

01/20/2011

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

\_\_\_\_\_  
Date