FILED
Feb 22, 2006 8:00 am
Secretary of State

02-22-2006 90004 025 ***158.75

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000073385

1. Entity Name
COPIER SYSTEMS & INTEGRATION, INC.

02162006 Chg-P CR2E034 (11/05)

Principal Place of Business	Mailing Address
7255 SALISBURY ROAD 120 JACKSONVILLE, FL 32256	7255 SALISBURY ROAD 120 JACKSONVILLE, FL 32256

2. Principal Place of Business	3. Mailing Address
8282 Western Way Circle	Same
Suite, Apt. #, etc.: Ste 1102	Suite, Apt. #, etc.:
City & State: Jacksonville, Fl	City & State:
Zip: 32256 Country: Duval	Zip: Country:

4. FEI Number: 20-2866272 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JOHNIGEAN, JOSEPH A 7255 SALISBURY ROAD 120 JACKSONVILLE, FL 32256	Name: Thomas A Boyd, Jr Street Address (P.O. Box Number is Not Acceptable): 6817 Southpoint Pkwy, Ste 1801 City: Jacksonville FL Zip Code 32216

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, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNIGEAN, JOSEPH A 8140 PRESIDENTIAL DRIVE JACKSONVILLE, FL 32256	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Leighann C. Johnigean 8140 Presidential Drive Jacksonville, Fl 32256	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHAFER, HAROLD A 3517 BEAUCLERC WOODS LANE W JACKSONVILLE, FL 32257	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: Joseph A. Johnigean 2-16-06 904-476-1758
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2006 FOR PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

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60020844

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Suite, Apt. #, etc. Ste 1102	Suite, Apt. #, etc.
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JOHNIGEAN, JOSEPH A
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JACKSONVILLE, FL 32256

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Name Thomas A Boyd, Jr
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #