

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 21, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000142789

1. Entity Name
BLUE DIGITAL REPROGRAPHICS INC.



Principal Place of Business

10940 HARMONY PARK DRIVE
BONITA SPRINGS, FL 34135 US

Mailing Address

2419 EAST MALL DRIVE
FORT MYERS, FL 33901 US



03192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3693038

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCLEOD, RODERICK D
2419 EAST MALL DRIVE
FORT MYERS, FL 33901

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000674151
03/29/07-80057-012 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME STEVENS, MICHAEL
STREET ADDRESS 19912 MARKWARD CROSSING
CITY-ST-ZIP ESTERO, FL 33928

TITLE D
NAME DAVIS, KRISTOPHER
STREET ADDRESS 21645 WINDHAM RUN
CITY-ST-ZIP ESTERO, FL 33928

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #