

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000024805

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

**Entity Name:** ADVANCED DOCUMENT SOLUTIONS INC.

**Current Principal Place of Business:**

4303 VINELAND RD., STE F15  
ORLANDO, FL 32811

**New Principal Place of Business:**

4303 VINELAND RD.  
SUITE F15  
ORLANDO, FL 32811

**Current Mailing Address:**

4303 VINELAND RD., STE F15  
ORLANDO, FL 32811

**New Mailing Address:**

4303 VINELAND RD.  
SUITE F15  
ORLANDO, FL 32811

**FEI Number:** 20-8553384

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LIZARAZO, LYNDAN  
644 LOST GROVE CIRCLE  
WINTERGARDEN, FL 34787 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: PST  
Name: LIZARAZO, LYNDAN  
Address: 644 LOST GROVE CIRCLE  
City-St-Zip: WINTERGARDEN, FL 34787

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: LYNDAN LIZARAZO

PST

04/10/2012

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

\_\_\_\_\_  
Date