

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000052186

Entity Name: DOCUMENT SOLUTIONS, INC.

FILED
Apr 16, 2009
Secretary of State

Current Principal Place of Business:

7475 APRELLE DRIVE
SANFORD, FL 32771

New Principal Place of Business:

207 RIVER VILLIAGE DRIVE
DEBARY, FL 32713

Current Mailing Address:

7475 APRELLE DRIVE
SANFORD, FL 32771

New Mailing Address:

207 RIVER VILLIAGE DRIVE
DEBARY, FL 32713

FEI Number: 26-0176061

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, CINDY M
7475 APRELLE DRIVE
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

WILLIAMS, CINDY M
207 RIVER VILLIAGE DRIVE
DEBARY, FL 32713 US

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: CINDY M WILLIAMS

04/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WILLIAMS, CINDY M
Address: 7475 APRELLE DRIVE
City-St-Zip: SANFORD, FL 32771

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WILLIAMS, CINDY M
Address: 207 RIVER VILLIAGE DRIVE
City-St-Zip: DEBARY, FL 32713

Title: P () Change (X) Addition
Name: WILLIAMS, CINDY M
Address: 207 RIVER VILLIAGE DRIVE
City-St-Zip: DEBARY, FL 32713

Title: P () Change (X) Addition
Name: WILLIAMS, CINDY M
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Title: P () Change (X) Addition
Name: WILLIAMS, CINDY M
Address: 207 RIVER VILLIAGE DRIVE
City-St-Zip: DEBARY, FL 32713

Title: P () Change (X) Addition
Name: WILLIAMS, CINDY M
Address: 207 RIVER VILLIAGE DRIVE
City-St-Zip: DEBARY, FL 32713

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CINDY M WILLIAMS

P

04/16/2009

Electronic Signature of Signing Officer or Director

Date