

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000094312

FILED  
Apr 24, 2012  
Secretary of State

Entity Name: COPIERS PLUS OF CENTRAL FLORIDA INC

**Current Principal Place of Business:**

965 MARIETTA LANE  
EUSTIS, FL 32726

**New Principal Place of Business:**

**Current Mailing Address:**

965 MARIETTA LANE  
EUSTIS, FL 32726

**New Mailing Address:**

FEI Number: 27-4732363      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

PETERSON BROWN, OLIVIAN  
965 MARIETTA LANE  
EUSTIS, FL 32726      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: P  
Name: PETERSON BROWN, OLIVIAN  
Address: 965 MARIETTA LANE  
City-St-Zip: EUSTIS, FL 32726

Title: VP  
Name: FALLUCA, MAUREEN  
Address: 4502 WEEPING WILLOW CIRCLE  
City-St-Zip: CASSELBERRY, FL 32707

Title: S  
Name: BROWN, PAUL M  
Address: 965 MARIETTA LANE  
City-St-Zip: EUSTIS, FL 32726

Title: T  
Name: FALLUCA, MAUREEN  
Address: 4502 WEEPING WILLOW CIRCLE  
City-St-Zip: CASSELBERRY, FL 32707

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: PAUL M. BROWN

S

04/24/2012

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

\_\_\_\_\_ Date