


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 04, 2006 08:00 AM**  
**Secretary of State**

|   |  |
|---|--|
| <b>DOCUMENT # P93000039125</b><br>1. Entity Name<br><b>CJ'S COPY SHOPPE, INC.</b> |  |
|---|--|

|  |  |
|--|--|
| Principal Place of Business<br><b>2201 SW COLLEGE ROAD<br/>UNIT 1<br/>OCALA, FL 34474 US</b> | Mailing Address<br><b>2321 NE 44 ST<br/>OCALA, FL 34479-2580</b> |
|--|--|



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3153665**

Applie  
Not Ap

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**GINSBERG, JANET L  
2321 NE 44 ST  
OCALA, FL 34479-2580**

**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 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

**000000491421  
19/06-80021-018 150.00**

**10. OFFICERS AND DIRECTORS**

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD<br/>GINSBERG, JANET L<br/>2321 NE 44 ST<br/>OCALA, FL 344792580</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD<br/>JONES, ROBERT C<br/>2321 NE 44 ST<br/>OCALA, FL 344792580</b>   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

**DO NOT WRITE  
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, changed, or on an attachment with an address, with all other like empowered.