2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000060362

GRICE, JAMES M

6631 EXECUTIVE PARK CT, #210

JACKSONVILLE, FL 32216

Name:

Address:

City-St-Zip:

Entity Name: COPYFAX OF GAINESVILLE, INC.

FILED Apr 03, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3210 SW 40TH BLVD. SUITE A-2 GAINESVILLE, FL 326082551 US **New Mailing Address: Current Mailing Address:** 3210 SW 40TH BLVD. SUITE A-2 GAINESVILLE, FL 326082551 US FEI Number: 59-3199148 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HUMPHRIES, RALPH 6320 ST. AUGUSTINE ROAD JACKSONVILLE, FL 32217 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition MILLER, SCOTT Name: Name: MILLER, SCOTT 4805 SW 34 STREET 3210 SW 40TH BLVD. SUITE A-2 Address: Address: GAINESVILLE, FL 32608 City-St-Zip: City-St-Zip: GAINESVILLE, FL 32608 Title: VD Title: () Delete () Change () Addition Name: DEFOOR, LARRY Name: 6631 EXECUTIVE PARK CT. #210 Address: Address: JACKSONVILLE, FL 32216 City-St-Zip: City-St-Zip: Title: Title: TSD (X) Delete () Change () Addition MILHOLLIN, JOHN Name: Name: 6631 EXECUTIVE PARK CT #210 Address: Address: City-St-Zip: JACKSONVILLE, FL 32216 City-St-Zip: Title: VD () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: MARK GRICE VP 04/03/2008