

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000060362

Entity Name: COPYFAX OF GAINESVILLE, INC.

**FILED**  
**Apr 14, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

3210 SW 40TH BLVD.  
SUITE A-2  
GAINESVILLE, FL 326082551 US

## **New Principal Place of Business:**

## **Current Mailing Address:**

3210 SW 40TH BLVD.  
SUITE A-2  
GAINESVILLE, FL 326082551 US

## **New Mailing Address:**

FEI Number: 59-3199148

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HUMPHRIES, RALPH  
6320 ST. AUGUSTINE ROAD  
#2  
JACKSONVILLE, FL 32217 US

## **Name and Address of New Registered Agent:**

DEFOOR, LARRY  
6631 N. EXECUTIVE PARK CT  
210  
JACKSONVILLE, FL 32216 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: LARRY DEFOOR

04/14/2011

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: PD  
Name: MILLER, SCOTT  
Address: 3210 SW 40TH BLVD. SUITE A-2  
City-St-Zip: GAINESVILLE, FL 32608

Title: VD  
Name: DEFOOR, LARRY  
Address: 6631 EXECUTIVE PARK CT. #210  
City-St-Zip: JACKSONVILLE, FL 32216

Title: VD  
Name: GRICE, JAMES M  
Address: 6631 EXECUTIVE PARK CT, #210  
City-St-Zip: JACKSONVILLE, FL 32216

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: MARK GRICE

VP

04/14/2011

Electronic Signature of Signing Officer or Director

Date