

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
May 04, 2005 8:00 am
Secretary of State**

05-04-2005 90144 018 ***150.00

DOCUMENT # P94000025210

1. Entity Name
COPYFAX OF CENTRAL FLORIDA, INC.



Principal Place of Business
2020 W. FAIRBANKS AVE
SUITE 101
WINTER PARK, FL 32789

Mailing Address
2020 W. FAIRBANKS AVE
SUITE 101
WINTER PARK, FL 32789

2. Principal Place of Business
2020 W. FAIRBANKS AVE

Suite, Apt. #, etc.

102

3. Mailing Address
2020 W. FAIRBANKS AVE

Suite, Apt. #, etc.

102

City & State
WINTER PARK, FL

City & State
WINTER PARK, FL

Zip

32789

Country

ORANGE

Zip

32789

Country

ORANGE

6. Name and Address of Current Registered Agent

ATTEBERRY, JAMES E
2020 W. FAIRBANKS AVE
SUITE 101
WINTER PARK, FL 32789

04282005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3646768	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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 accept 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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P Delete
NAME ATTEBERRY, JAMES
STREET ADDRESS 2020 W FAIRBANKS AVE SUITE 101
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME CHANGE SUITE # TO
STREET ADDRESS 102
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/05 407-774-2802
Date Daytime Phone #

James Atteberry president