

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

05-04-2005 90156 018 ***150.00

DOCUMENT # P95000029524

1. Entity Name
REPOGRAPHIC SYSTEMS, INC.



Principal Place of Business
**116 TUPELO AVE SE
FT. WALTON BEACH, FL 32548 US**

Mailing Address
**116 TUPELO AVE SE
FT. WALTON BEACH, FL 32548 US**



04292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3310417

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HENDERSON, WILLIAM A JR.
909 MAR WALT DR. 105 Beach Dr.
SUITE 402+ Suite A-1
FT. WALTON BEACH, FL 32547**

**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 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

TITLE	P
NAME	GEORGE E. ENGLER
STREET ADDRESS	124 WATSON DR
CITY-ST- ZIP	FT. WALTON BCH, FL
TITLE	VP
NAME	RUDY R. HILL
STREET ADDRESS	923 CLAIERVEN CIR
CITY-ST- ZIP	FORT WALTON BEACH, FL 32547
TITLE	T
NAME	WILLIAM A. HENDERSON JR.
STREET ADDRESS	105 BEACH DRIVE STE A-1
CITY-ST- ZIP	FORT WALTON BEACH, FL 32547
TITLE	
NAME	
STREET ADDRESS	
CITY-ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST- ZIP	

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IN THIS SPACE**

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:

William A Henderson Jr TREAS

5/2/05

(826) 862-4164

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

WILLIAM A HENDERSON JR