2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

3/

FILED
Mar 21, 2007 8:00 am
Secretary of State
03-08-2007 90017 048 ***150.00

DOCUMENT # P95000029524

1. Entity Name
REPOGRAPHIC SYSTEMS, INC.

Principal Place of Business	Mailing Address
637 D BEAL PKWY FT. WALTON BEACH FL 32548 US	637 D BEAL PKWY FT. WALTON BEACH FL 32548 US

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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	7. Name and Address of New Registered Agent
HENDERSON, WILLIAM A JR. 105 BEACH DR. SUITE A-1 FT. WALTON BEACH FL 32547	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: George Engler 02-28-07
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, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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 NAME STREET ADDRESS CITY ST ZIP	P GEORGE E. ENGLER 124 WATSON DR FT. WALTON BCH FL ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	VP RUDY R. HILL 923 ~~GLENEVEN~~ CIR FORT WALTON BEACH FL 32547 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☑ Change ☐ Addition 923 Cleveren Cir. Correction
TITLE NAME STREET ADDRESS CITY ST ZIP	T WILLIAM A. HENDERSON JR. 105 BEACH DRIVE STE A-1 FORT WALTON BEACH FL 32547 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: George Engler George Engler Jr. 03-16-07 850 664-7800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #