

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90150 037 ***150.00

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1. Entity Name
COPYCO, INC.



Principal Place of Business
**6401 NOB HILL ROAD
TAMARAC, FL 33321 US**

Mailing Address
**6401 NOB HILL ROAD
TAMARAC, FL 33321 US**

DO NOT WRITE IN THIS SPACE



02152006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0605399

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME COLSTON, BRENT
STREET ADDRESS 6401 NOB HILL ROAD
CITY-ST-ZIP TAMARAC, FL 33321

TITLE VT
NAME HOLLAND, BRIAN
STREET ADDRESS 6401 NOB HILL ROAD
CITY-ST-ZIP TAMARAC, FL 33321

TITLE VPS
NAME MORAN, STEPHEN
STREET ADDRESS 6401 NOB HILL ROAD
CITY-ST-ZIP TAMARAC, FL 33321

TITLE D
NAME TAYLOR, RICK
STREET ADDRESS 6401 NOB HILL ROAD
CITY-ST-ZIP TAMARAC, FL 33321

TITLE D
NAME EVERSE, DENNIS
STREET ADDRESS 6401 NOB HILL ROAD
CITY-ST-ZIP TAMARAC, FL 33321

TITLE VCFO
NAME ALLEN, DESMOND
STREET ADDRESS 6401 NOB HILL ROAD
CITY-ST-ZIP TAMARAC, FL 33321

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

Date

Daytime Phone #