

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000075194

FILED
Apr 04, 2007
Secretary of State

Entity Name: SOUTHWEST FLORIDA COPIER SERVICE, INC.

Current Principal Place of Business:

3704 DEL PRADO BLVD.
CAPE CORAL, FL 33904

New Principal Place of Business:

Current Mailing Address:

3704 DEL PRADO BLVD.
CAPE CORAL, FL 33904

New Mailing Address:

FEI Number: 65-0630815

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHAFFT, EDWARD T
3704 DEL PRADO BLVD.
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SCHAFFT, EDWARD
Address: 739 OVERIVER DRIVE
City-St-Zip: FORT MYERS, FL 33903

Title: VP (X) Delete
Name: SCHAFFT, KIMBERLEE
Address: 739 OVERIVER DRIVE
City-St-Zip: FORT MYERS, FL 33903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SCHAFFT, EDWARD
Address: 13070-1 SANDY KEY BEND
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: EDWARD T. SCHAFFT

PRES

04/04/2007

Electronic Signature of Signing Officer or Director

Date