

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000081919

1. Entity Name
CENTRAL REPROGRAPHICS, INC.



Principal Place of Business
1612 N ORANGE AVE
ORLANDO, FL 32804 US

Mailing Address
1612 N ORANGE AVE
ORLANDO, FL 32804 US



03022005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3347188

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KORMAN, MARTHA
1612 N ORANGE AVE
ORLANDO, FL 32804

**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 NAME STREET ADDRESS CITY-ST-ZIP	PTD KORMAN, MARTHA 1612 N ORANGE AVE ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ZAVALA, CARMEN R 1612 N ORANGE AVE ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILLIAMS, GREGORY A 1612 N ORANGE AVE ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VASSOS, PETER C 1612 N ORANGE AVE ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

03/07/05-80060-010 150.00

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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:

Marta Korman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/05

Date

813-286-8360

Daytime Phone #