


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 29, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000030862**  
1. Entity Name  
X-RAY DUPLICATING, INC.



Principal Place of Business: 9476 JANICE LANE, LARGO, FL 33773 US  
Mailing Address: 9476 JANICE LANE, LARGO, FL 34643 US

**DO NOT WRITE IN THIS SPACE**



02112005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3371780	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
DAFONTE, RICHARD J ESQ.  
1000 BELCHER ROAD, SOUTH  
SUITE 2  
LARGO, FL 34641

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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 \_\_\_\_\_ (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

1100007279933  
03/29/05-80018-022 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KUENZLER, W.W. 947 B JANICE LANE LARGO, FL 33773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAPALBO, ROBERT 3543 SHADY WOODS ST EAST JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Robert W. Kuzler* / 3-22-05 727-586-4310  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #