2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P96000033804

1. Entity Name
COPIES UNLIMITED, INC.

Principal Place of Business	Mailing Address
749 S. APOLLO BLVD MELBOURNE, FL 32901	749 S. APOLLO BLVD MELBOURNE, FL 32901

DO NOT WRITE IN THIS SPACE

01122007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3382683	Not Applicable

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

6. Name and Address of Current Registered Agent

GIANNACCO, ELAINE
749 S. APOLLO BLVD
MELBOURNE, FL 32901

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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, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution.   ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	GIANNACO, ELAINE
STREET ADDRESS	1126 TARGEE ST SE
CITY-ST-ZIP	PALM BAY, FL 32904

TITLE	D
NAME	GIANNACO, PATRICK
STREET ADDRESS	545 WESTMINSTER AVE.
CITY-ST-ZIP	MELBOURNE, FL 32935

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/26/07-80028-020 150.00

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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: _Elaine Giann_   ELAINE GIANNACO   1/22/07   321 984-8749
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #