2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2009
Secretary of State

DOCUMENT# P96000042749

Entity Name: PLANS & SPECS REPROGRAPHICS, INC.

Current Principal Place of Business:

279 DOUGLAS AVE
STE 1112
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

640 DOUGLAS AVE
SUITE 1502
ALTAMONTE SPRINGS, FL 32714 US

Current Mailing Address:

279 DOUGLAS AVE
STE 1112
ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address:

640 DOUGLAS AVE
SUITE 1502
ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 59-3381841 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARRIS, R BRITT
279 DOUGLAS AVE
STE 1112
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

HARRIS, R BRITT
640 DOUGLAS AVE
SUITE 1502
ALTAMONTE SPRINGS, FL 32714 US

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: _____ 01/05/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HARRIS, R BRITT JR
Address: 279 DOUGLAS AVE, STE 1112
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VP ( ) Delete
Name: HARRIS, JEFFREY B
Address: 140 LAUREL MILL COURT
City-St-Zip: ROSWELL, GA 30076

Title: T/S ( ) Delete
Name: EAVES, PATRICIA L
Address: 1330 SUZANNE WAY
City-St-Zip: LONGWOOD, FL 32779

Title: O ( ) Delete
Name: PHAUP, J.DAVID
Address: 1590 17TH STREET
City-St-Zip: ORANGE CITY, FL 33673

Title: O ( ) Delete
Name: MERCER, JENNIFER L
Address: 5184 LAZY OAKS DRIVE
City-St-Zip: WINTER PARK, FL 32792

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: HARRIS, R BRITT JR
Address: 640 DOUGLAS AVE, #1502
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: PATRICIA L. EAVES T/S 01/05/2009
Electronic Signature of Signing Officer or Director — Date