

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000042749

FILED  
Jan 04, 2012  
Secretary of State

Entity Name: PLANS & SPECS REPROGRAPHICS, INC.

**Current Principal Place of Business:**

640 DOUGLAS AVE  
SUITE 1502  
ALTAMONTE SPRINGS, FL 32714 US

**New Principal Place of Business:**

**Current Mailing Address:**

640 DOUGLAS AVE  
SUITE 1502  
ALTAMONTE SPRINGS, FL 32714 US

**New Mailing Address:**

FEI Number: 59-3381841

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

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

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

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

Title: O  
Name: PHAUP, J.DAVID  
Address: 458 NORTH PINE MEADOW DRIVE  
City-St-Zip: DEBARY, FL 32713

Title: O  
Name: MERCER, JENNIFER L  
Address: 790 RICHBEE DRIVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA L. EAVES

T/S

01/04/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date