

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90116 035 ***150.00

DOCUMENT # P97000059710

1. Entity Name
R. A. PRINTING, INC.



Principal Place of Business

**4185 SUNBEAM RD
STE 100
JACKSONVILLE, FL 32257**

Mailing Address

**4185 SUNBEAM RD
STE 100
JACKSONVILLE, FL 32257**

DO NOT WRITE IN THIS SPACE



01152008 No Chg-P CR2E034 (11/05)

4. FEI Number

59-3456115

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**COPELAND, ROSEMARY
4185 SUNBEAM RD
STE 100
JACKSONVILLE, FL 32257**

**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, 2008 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	COPELAND, ARCH
STREET ADDRESS	7854 TIMBERLIN PK BLVD
CITY - ST - ZIP	JACKSONVILLE, FL 32256
TITLE	D
NAME	COPELAND, ROSEMARY
STREET ADDRESS	7854 TIMBERLIN PARK BLVD
CITY - ST - ZIP	JACKSONVILLE, FL 32256
TITLE	D
NAME	COPELAND, JOSEPH
STREET ADDRESS	10292 TRIPLE CROWN AVE
CITY - ST - ZIP	JACKSONVILLE, FL 32257
TITLE	D
NAME	COPELAND JOSEPH
STREET ADDRESS	10060 VINEYARD LAKE RD. EAST
CITY - ST - ZIP	JACKSONVILLE, FL 32256
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Rosemary Copeland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/08
Date

904-733-5578
Daytime Phone #