
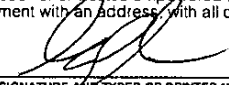


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 06, 2005 8:00 am
Secretary of State

06-06-2005 90003 029 ***150.00

DOCUMENT # P97000075359 1. Entity Name COPYFORCE, INC.					
Principal Place of Business 1548 MAIN STREET SARASOTA, FL 34236 US			Mailing Address 1548 MAIN STREET SARASOTA, FL 34236 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		06022005 Chg-P CR2E034 (10/03)	
4. FEI Number 59-3466528				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 HYDE, MARTIN 5817 MERION WAY SARASOTA, FL 34234			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1548 Main Street City Sarasota FL Zip Code 34236		
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 reissuing) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT HYDE, MARTIN 5817 MERION WAY SARASOTA, FL 34234 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1548 Main Street SARASOTA, FL 34236	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS HYDE, EDWARD 5817 MERION WAY SARASOTA, FL 34234 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1548 Main Street SARASOTA, FL 34236	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  MARTINE HYDE <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date Jun 2nd 2005 Daytime Phone # 941-379 0111		

ATTACHMENT

40087122

R 7000075 359 DBA

COPYFORCE INC.

Gulf Business Systems

1548 MAIN STREET, SARASOTA, FLORIDA 34236

Telephone: (941) 379-0111 Fax: (941) 955-3307

2 June, 2005

Division of Corporations
P.O. Box 1500
Tallahassee FL 32302-1500

SUBJECT: Request for Waiver of \$400 Late Fee

To Whom It May Concern:

I am enclosing the Annual \$150.00 payment for our Corporation Filing Fee in hopes that, after review, you will waive the late fee.

When the Annual Report Notice was received, having reported for our company for the past 4 years, I thought I filed the card mid April to address the matter at that time. Unfortunately, instead of "April" I filed it in "June." To make matters worse, it did not register that I would not be receiving the proper hard copy 2005 For Profit Corporation Annual Report in the mail as we have every other year.

I am asking for consideration of waiving this additional fee as I have been taking Chemotherapy every week for the past year and it seems to have dulled my memory.

Thanking you in advance for your consideration.



Jay Tudor Blackshear
Bookkeeper