


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P97000075359 1. Entity Name COPYFORCE, INC.	
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Principal Place of Business 1548 MAIN STREET SARASOTA, FL 34236 US	Mailing Address 1548 MAIN STREET SARASOTA, FL 34236 US
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**DO NOT WRITE IN THIS SPACE**

01052006 No Chg-P CR2E034 (11/05)

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  
1548 MAIN STREET  
SARASOTA, FL 34236

**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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT HYDE, MARTIN 1548 MAIN STREET SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS HYDE, EDWARD 1548 MAIN STREET SARASOTA, FL 34236
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01/11/06-80033-012 150.00

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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/06 941 379 0111  
Date Daytime Phone #