

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000075359

Entity Name: COPYFORCE, INC.

**FILED**  
**Feb 01, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1548 MAIN STREET  
SARASOTA, FL 34236 US

**New Principal Place of Business:**

**Current Mailing Address:**

1548 MAIN STREET  
SARASOTA, FL 34236 US

**New Mailing Address:**

FEI Number: 59-3466528

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HYDE, MARTIN  
1548 MAIN STREET  
SARASOTA, FL 34236 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: DPT  
Name: HYDE, MARTIN  
Address: 1548 MAIN STREET  
City-St-Zip: SARASOTA, FL 34236

Title: VPS  
Name: HYDE, EDWARD  
Address: 1548 MAIN STREET  
City-St-Zip: SARASOTA, FL 34236

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: MARTIN HYDE

DPT

02/01/2011

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

\_\_\_\_\_  
Date