

2008 - FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only

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DOCUMENT # P 98000065007

1. Entity Name

REPROGRAPHICS UNLIMITED, INC.



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2. Principal Place of Business - No P.O. Box #

124 BAY STREET

Suite, Apt. #, etc.

3. Mailing Address

124 BAY STREET

Suite, Apt. #, etc.

City & State

DAYTONA BEACH, FL

City & State

DAYTONA BEACH, FL

4. FEI Number

59-3533568

Applied For

Not Applicable

Zip

32114

Country

USA

Zip

32114

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

RONNIE HAMES

Street Address (P.O. Box Number is Not Acceptable)

124 BAY STREET

City

DAYTONA BEACH

FL

Zip Code

32114

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fee

06/12/08--01040--015 **150.00

100131244321

10. OFFICERS AND DIRECTORS

| | |
|----------------|-------------------------|
| TITLE | PRESIDENT |
| NAME | HAMES, RONNIE |
| STREET ADDRESS | 124 BAY STREET |
| CITY-ST-ZIP | DAYTONA BEACH, FL 32114 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
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| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RONNIE HAMES

6/10/08

Date

386-253-7990

Daytime Phone #