

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000068927

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Entity Name:** AKITA COPY SYSTEMS OF SARASOTA, INC.

**Current Principal Place of Business:**

2341 PORTER LAKE DR.  
SUITE 209  
SARASOTA, FL 34240

**New Principal Place of Business:**

**Current Mailing Address:**

5402 AIRPORT BOULEVARD  
TAMPA, FL 33634

**New Mailing Address:**

**FEI Number:** 65-0864347

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LOCKLER, MITCHELL  
5402 AIRPORT BOULEVARD  
TAMPA, FL 33634 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: P  
Name: LOCKLER, MITCHELL  
Address: 18979 CROOKED LANE  
City-St-Zip: LUTZ, FL 33548

Title: SVP  
Name: LOCKLER, KAREN  
Address: 18979 CROOKED LANE  
City-St-Zip: LUTZ, FL 33548

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: KAREN S LOCKLER

SVP

04/24/2012

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

\_\_\_\_\_  
Date