2005 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

changed, or on an attachmer

SIGNATURE:

Apr 25, 2005 8:00 am Secretary of State DOCUMENT # P99000015010 04-25-2005 90272 005 ***150.00 1. Entity Name BAY AREA LASER PRINTER AND FAX REPAIR, INC. Principal Place of Business Mailing Address 5003P440 501 S FALKENBURG RD **501 S FALKENBURG RD** SUITE A-8 SUITE A-8 TAMPA, FL 33619 TAMPA, FL 33619 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04062005 Cha-P CR2E034 (10/03) City & State City & State 4 FEI Number Applied For 59-3559505 Not Applicable Zip Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VERNER-CLINGAN, CHRISTINA Street Address (P.O. Box Number is Not Acceptable) 902 LAKEMONT DRIVE VALRICO, FL 33594 City Zip Code 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 and title it applicable. (NOTE: Registered Agent signature regulred when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE TITLE ☐ Change ☐ Addition NAME CLINGAN, GARY NAME STREET ADDRESS 902 LAKEMONT DRIVE STREET ADDRESS VALRICO, FL 33594 CITY-ST-ZIP CITY-ST-ZIP TITEF ☐ Delete TiTLF ☐ Change ☐ Addition CLINGAN, CHRISTINA V NAME NAME STREET ADDRESS 902 LAKEMONT DRIVE STREET ADDRESS VALRICO, FL 33594 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - 7/P TITLE ☐ Delete TITLE □ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP 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

CET OR DIRECTOR

with an address, with all other like empowered.

FILED