## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000072056

COLLINS, ROBERT J

5149-3 SUNBEAM ROAD

JACKSONVILLE, FL 32257

Name:

Address:

City-St-Zip:

**FILED** Apr 03, 2008 Secretary of State

Entity Name: REPROGRAPHIC SYSTEMS, INC. **Current Principal Place of Business: New Principal Place of Business:** 5149-3 SUNBEAM RD JACKSONVILLE, FL 32257 **Current Mailing Address: New Mailing Address:** 5149-3 SUNBEAM RD JACKSONVILLE, FL 32257 FEI Number: 59-3592358 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COLLINS, ROBERT J 5149-3 SÚNBEAM ROAD US JACKSONVILLE, FL 32257 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 Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition CATSULIS, JUANITA B Name: Name: 5672 DRAKE LOOP RD Address: Address: MIDDLEBURG, FL 32068 City-St-Zip: City-St-Zip: Title: VSD Title: () Delete (X) Change ( ) Addition EPPERSON, MERRILL A Name: Name: EPPERSON, MERRILL A 11120 ZEPHYR WAY 11120 ZEPHYR WAY Address: Address: JACKSONVILLE, FL 32223 JACKSONVILLE, FL 32223 City-St-Zip: City-St-Zip: Title: Title: VD ( ) Delete DVS (X) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Name:

Address:

City-St-Zip:

COLLINS, ROBERT J

5149-3 SUNBEAM ROAD

JACKSONVILLE, FL 32257

SIGNATURE: R.J. COLLINS DVS 04/03/2008