## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000072056

Entity Name: REPROGRAPHIC SYSTEMS, INC.

**FILED** Apr 29, 2011 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

5149-3 SUNBEAM RD 9309 OLD KINGS RD. SOUTH JACKSONVILLE, FL 32257

SUITE 3

JACKSONVILLE, FL 32257

**Current Mailing Address: New Mailing Address:** 

5149-3 SUNBEAM RD 9309 OLD KINGS RD. SOUTH JACKSONVILLE, FL 32257

SUITE 3

JACKSONVILLE, FL 32257 US

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 COLLINS, ROBERT J 9309 OLD KINGS RD SOUTH 5149-3 SÚNBEAM ROAD JACKSONVILLE, FL 32257 US

SUITE 3 JACKSONVILLE, FL 32257 US

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: 04/29/2011

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title:

CATSULIS, JUANITA B Name: 5672 DRAKE LOOP RD Address: City-St-Zip: MIDDLEBURG, FL 32068

Title: DV

Name: EPPERSON, MERRILL A 11120 ZEPHYR WAY Address: JACKSONVILLE, FL 32223 City-St-Zip:

Title: DVS

COLLINS, ROBERT J Name:

9309 OLD KINGS RD SOUTH, STE 3 Address:

City-St-Zip: JACKSONVILLE, FL 32257

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.

VΡ SIGNATURE: R.J. COLLINS 04/29/2011