

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000105599

FILED
Apr 30, 2009
Secretary of State

Entity Name: ROST REPROGRAPHICS, INC.

Current Principal Place of Business:

5598 8TH STREET SW
SUITE 4
LEHIGH ACRES, FL 33971

New Principal Place of Business:

5451 LEE STREET
SUITE 2
LEHIGH ACRES, FL 33971

Current Mailing Address:

5580 8TH STREET SW
SUITE #9
LEHIGH ACRES, FL 33971

New Mailing Address:

5451 LEE STREET
SUITE #2
LEHIGH ACRES, FL 33971

FEI Number: 65-0966685

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROST, DEBRA L PRES
5580 8TH STREET WEST
SUITE #9
LEHIGH ACRES, FL 33971 US

Name and Address of New Registered Agent:

ROST, DEBRA L PRES
5451 LEE STREET
SUITE #2
LEHIGH ACRES, FL 33971 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: DEBRA L ROST

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: ROST, DEBRA L
Address: 418 LINCOLN AVENUE
City-St-Zip: LEHIGH ACRES, FL 33972

Title: VD () Delete
Name: ROST, JAMES R
Address: 418 LINCOLN AVENUE
City-St-Zip: LEHIGH ACRES, FL 33972

Title: S () Delete
Name: DECESARE, JOLENE L
Address: 418 LINCOLN AVENUE
City-St-Zip: LEHIGH ACRES, FL 33972

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: DEBRA L ROST

PTD

04/30/2009

Electronic Signature of Signing Officer or Director

Date