

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S29472

**FILED**  
**Feb 23, 2011**  
**Secretary of State**

**Entity Name:** XEROGRAPHICS SUPPLY & EQUIPMENT CO., INC.

**Current Principal Place of Business:**

5151 SUNBEAM RD  
STE 17  
JACKSONVILLE, FL 32257

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 57760  
JACKSONVILLE, FL 32241

**New Mailing Address:**

**FEI Number:** 59-3064155

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CREAN, STACIE F  
5151 SUNBEAM RD #17  
JACKSONVILLE, FL 32257 US

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

CASWELL, JOYCE M  
5151 SUNBEAM RD #17  
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: JOYCE M CASWELL

02/23/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PC  
Name: CREAN, JAMES M SR  
Address: 5300 CHURCH RD.  
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: ST  
Name: CASWELL, JOYCE M  
Address: 2047 HOVINGTON CIRCLE WEST  
City-St-Zip: JACKSONVILLE, FL 32246

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: JOYCE M CASWELL

MRS

02/23/2011

Electronic Signature of Signing Officer or Director

Date