


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # F06000003181**  
 1. Entity Name  
**CADMUS CORPORATION**



Principal Place of Business      Mailing Address  
 3600 RIO VISTA AVENUE, SUITE A      3600 RIO VISTA AVENUE, SUITE A  
 ORLANDO, FL 32805      ORLANDO, FL 32805

**DO NOT WRITE IN THIS SPACE**



01052007      No Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For  
 04-2786479      Not Applicable

5. Certificate of Status Desired       - \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 BLANTON, EDWIN F.  
 810 THOMASVILLE ROAD  
 TALLAHASSEE, FL 32303

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            \$5.00 May Be Added to Fees.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP MILLEY, ALEXANDER M 3600 RIO VISTA AVENUE, SUITE A ORLANDO, FL 32805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCTS DOOLITTLE, DAVID M 3600 RIO VISTA AVENUE, SUITE A ORLANDO, FL 32805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRASSLER, PHILIP F 130 CROSSWAYS PARK DRIVE WOODBURY, NY 11979
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 04/30/07-80019-007 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ **4/16/07** **(407)849-9800**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #