


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

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



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

Mailing Address  
**3600 RIO VISTA AVENUE, SUITE A**  
**ORLANDO, FL 32805**

**DO NOT WRITE IN THIS SPACE**



04252008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**04-2786479**

Applied For  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

1100000932810  
 05/22/08-80069-017 150.00

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**

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:** \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/25/08** Daytime Phone #: **407-849-9800**