2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # F82712 1. Entity Name WALLER BUSINESS FORMS, INC.



FILED Jan 29, 2004 08:00 AM Secretary of State

Principal Place of Business 480 VAN PELT LANE

P 0 BOX 37188 PENSACOLA, FL 32526 US Mailing Address

480 VAN PELT LANE P O BOX 37188

PENSACOLA, FL 32526 US



 \Box

01072004

No Chg-P

CR2E034 (10/03)

(850)

4. FEI Number 59-2218432

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GREEN, ROGER E. 480 VAN PELT LANE PENSACOLA, FL 32505

SIGNATURE:

DO NOT WRITE IN THIS SPACE

| 6. 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution. | | | ing 🔲 | \$5.00 May Be Added to Fees | |
| 10. | OFFICERS AND DIREC | TORS | | | |
| TITLE NAME STREET ADDRESS GITY-ST-ZIP | DP GREEN, ROGER E. 480 VAN PELT LANE PENSACOLA, FL | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP MARSH, J. ANDREWS 480 VAN PELT LANE PENSACOLA, FL | · | | | 000000022271 01/30/04-80033-025 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST FREDERICKSON, CHARLES E. 480 VAN PELT LANE PENSACOLA, FL | | | DO | NOT WRITE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN ⁻ | THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| TITLE NAME STREET ADDRESS GITY-ST-ZIP | | | | ************************************** | |
| 12. I hereby certify that the Information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 attachinger, with an address with all other like empowered. | | | | | |