

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 11, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # 573057

1. Entity Name

BOCA BOOKBINDING, INC.



Principal Place of Business

2712 REW CIR.  
OCOE FL 34761-2990  
US

Mailing Address

2712 REW CIRCLE  
OCOE FL 34761-2990  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number 59-1846880

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAHN, WALTER  
2712 REW CIRCLE  
OCOE FL 34761

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent's signature required when terminating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C	<input type="checkbox"/> Delete
NAME	HAHN, WALTER	
STREET ADDRESS	2712 REW CIR.	
CITY- ST- ZIP	OCOE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	HAHN, ELLEN	
STREET ADDRESS	2712 REW CIR.	
CITY- ST- ZIP	OCOE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	HAHN, ERIC R	
STREET ADDRESS	2712 REW CIR.	
CITY- ST- ZIP	OCOE FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	HAHN, GEORGINE T.	
STREET ADDRESS	2712 REW CIR.	
CITY- ST- ZIP	OCOE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	FERRIS, EVELYN	
STREET ADDRESS	2712 REW CIR.	
CITY- ST- ZIP	OCOE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1100000366033	
STREET ADDRESS	05/11/05-80027-011 150.00	
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- 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)(f), 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:

Walter Hahn (C)

2-1-05 407-654-0003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

DeVine Phone #