


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 09, 2006 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
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02022006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1846880	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAHN, WALTER
2712 REW CIRCLE
OCOE, FL 34761

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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) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HAHN, WALTER 2712 REW CIR. OCOE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAHN, ELLEN 2712 REW CIR. OCOE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HAHN, ERIC R 2712 REW CIR. OCOE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAHN, GEORGINE T. 2712 REW CIR. OCOE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FERRIS, EVELYN 2712 REW CIR. OCOE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000425822
02/20/06-80016-022 150.00

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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: Walter Hahn 2-2-2006 407-654-0003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #