


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

05-06-2004 90191 026 \*\*\*150.00

**DOCUMENT # 829720**  
 1. Entity Name  
**GBS FORMS & SYSTEMS, INCORPORATED**



Principal Place of Business 7233 FREEDOM AVE NW P O BOX 2340 NORTH CANTON, OH 44720	Mailing Address DENNIS KINARD 203 KELSEY LANE SUITE E TAMPA, FL 33619 US
--	---

44040000



05032004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>34-1084079</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

KINARD, DENNIS  
 203 KELSEY LANE SUITE E  
 TAMPA, FL 33619

**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 \$550.00**  
**Due by September 8, 2004**

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	TS THORN, LEE ANN 7233 FREEDOM AVE NW NORTH CANTON, OH 44720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MERRIMAN, L.A. 7233 FREEDOM AVE NW NORTH CANTON, OH 44720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRAGOIU, J.A. 7233 FREEDOM AVE NW NORTH CANTON, OH 44720
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 exemption stated in Section 119.07(3)(j), 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:** Lee Ann Thorn Exec VP 4/30/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #