


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



04282005 No Chg-P CR2E034 (10/03)

4. FEI Number 34-1084079	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

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

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	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
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 05/04/05-80046-006 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: *Lee Ann Thorn* **4/29/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #