

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 848805

FILED  
Feb 15, 2009  
Secretary of State

Entity Name: EASTERN BUSINESS FORMS, INC.

**Current Principal Place of Business:**

1300 OLD SULPHUR SPRINGS RD  
P. O. BOX 10  
MAULDIN, SC 29662

**New Principal Place of Business:**

**Current Mailing Address:**

1300 OLD SULPHUR SPRINGS RD  
P. O. BOX 10  
MAULDIN, SC 29662

**New Mailing Address:**

FEI Number: 57-0447328

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SEWELL, STEPHEN G  
907 WEBSTER STREET  
LEESBURG, FL 34748 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: C ( ) Delete  
Name: PRICE, RALPH A.,  
Address: 221 FIVE FORKS RD.  
City-St-Zip: SIMPSONVILLE, SC 29681

Title: PT ( ) Delete  
Name: PRICE, STEVE,  
Address: 221 FIVE FORKS ROAD  
City-St-Zip: SIMPSONVILLE, SC 29681

Title: S ( ) Delete  
Name: HOLCOMBE, DELK  
Address: 8 WOODBEND CT.  
City-St-Zip: MAULDIN, SC 29662

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PT (X) Change ( ) Addition  
Name: PRICE, STEVE  
Address: 221 FIVE FORKS ROAD  
City-St-Zip: SIMPSONVILLE, SC 29681

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVE PRICE

P

02/15/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date