

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

**FILED
Mar 16, 2006 8:00 am
Secretary of State**

03-16-2006 90229 018 ***150.00

DOCUMENT # F05000002073
1. Entity Name
SAFEGUARD FORMS & SYSTEMS, INC.

DO NOT WRITE IN THIS SPACE

50003259

2. Principal Place of Business
1225 WEBSTER AVE
Suite, Apt. #, etc.

3. Mailing Address
P O BOX 9363
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
COLUMBUS, GA

City & State
COLUMBUS, GA

4. FEI Number
58-1848346

Applied For
Not Applicable

Zip
31908

Country

Zip
31908-9363

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
BARBARA TROMBETTA

Street Address (P.O. Box Number is Not Acceptable)
11247 SAN JOSE BLVD APT 108

City
JACKSONVILLE

FL

Zip Code
32223

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 signature required when reinstating) DATE

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
STALLINGS, RICHARD
8646 BATTERY DRIVE
MIDLAND, GA 31820

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

STD
STALLINGS, DONNA LEE
8648 BATTERY DRIVE
MIDLAND, GA 31820

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Richard G. Stallings* Richard G. Stallings President 3/14/06 706 227 9550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #