

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J45588

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: FOLSOM BUSINESS FORMS, INC.

## Current Principal Place of Business:

603 SOUTH MAGNOLIA AVENUE  
P. O. BOX 2675  
OCALA, FL 344782675 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 2675  
P. O. BOX 2675  
OCALA, FL 344782675 US

## New Mailing Address:

FEI Number: 59-3418415

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FOLSOM, E. FENN  
603 S. MAGNOLIA AVENUE  
OCALA, FL 34474 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: CEO ( ) Delete  
Name: FOLSOM, E. FENN  
Address: 603 S. MAGNOLIA AVENUE  
City-St-Zip: OCALA, FL 34474

Title: P ( ) Delete  
Name: LEWIS, DIRK  
Address: 603 S. MAGNOLIA AVE  
City-St-Zip: OCALA, FL 34474

Title: S ( ) Delete  
Name: FOLSOM, DEBORAH  
Address: 603 S. MAGNOLIA AVE  
City-St-Zip: OCALA, FL 34474

Title: T ( ) Delete  
Name: LEWIS, TERESA  
Address: 603 S. MAGNOLIA AVE  
City-St-Zip: OCALA, FL 34474

Title: VP ( ) Delete  
Name: FOLSOM, ESTHER  
Address: 603 S. MAGNOLIA AVE  
City-St-Zip: OCALA, FL 34474

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: FENN FOLSOM

CEO

04/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date