## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# K56248

FILED Apr 20, 2005 Secretary of State

Entity Name: CREATIVE PRINTING & BUSINESS FORMS, INC.

**Current Principal Place of Business: New Principal Place of Business:** 3901 LAND O'LAKES, BLVD LAND O'LAKES, FL 34639 LIS **Current Mailing Address: New Mailing Address:** % TERRY W MOSES 3901 LAND O'LAKES BLVD. LAND O LAKES, FL 34639 US FEI Number: 59-2922477 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MOSES, TERRY W 3901 LAND O'LAKES BLVD LAND O LAKES, FL 34639 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: DCEO ( ) Delete () Change () Addition Name: MOSES, TERRY W., Name: 22020 HEATHERWOOD LN Address: Address: City-St-Zip: LAND O LAKES, FL City-St-Zip: PD Title: Title: ( ) Delete () Change () Addition Name: MOSES, JOANNE, Name: 22020 HEATHERWOOD LN Address: Address: City-St-Zip: LAND O LAKES, FL City-St-Zip: Title: Title: DVP ( ) Delete () Change () Addition MOSES, MICHAEL, Name: Name: 1935 CLOVERDALE CT Address: Address: City-St-Zip: LUTZ, FL 33549 City-St-Zip: Title: SD () Delete Title: SD (X) Change ( ) Addition BOYLES, LEIGH MOSES, BRIAN Name: Name: Address: 2812 MARTHA LANE Address: 6330 NEWTOWN CIRCLE #A-5 City-St-Zip: LAND-O-LAKES, FL 34639 City-St-Zip: TAMPA, FL 33615 Title: TD Title: (X) Change ( ) Addition () Delete MOSES, BRIAN Name: Name: BOYLES, BARRY P.O. BOX 372 22421 SHORESIDE DR Address: Address: LAND O'LAKES, FL 34639 City-St-Zip: City-St-Zip: LAND O'LAKES, FL 34639

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TERRY W. MOSES VP 04/20/2005