

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K56248

FILED
Apr 21, 2008
Secretary of State

Entity Name: CREATIVE PRINTING & BUSINESS FORMS, INC.

Current Principal Place of Business:

3901 LAND O'LAKES, BLVD
LAND O'LAKES, FL 34639 US

New Principal Place of Business:

Current Mailing Address:

% TERRY W MOSES
3901 LAND O'LAKES BLVD.
LAND O LAKES, FL 34639 US

New Mailing Address:

FEI Number: 59-2922477 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOSES, TERRY W.
3901 LAND O'LAKES BLVD
LAND O LAKES, FL 34639 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: DT () Delete
Name: MOSES, TERRY W.,
Address: 22020 HEATHERWOOD LN
City-St-Zip: LAND O LAKES, FL 34639

Title: PD () Delete
Name: MOSES, JOANNE,
Address: 22020 HEATHERWOOD LN
City-St-Zip: LAND O LAKES, FL 34639

Title: DVP () Delete
Name: MOSES, MICHAEL,
Address: 21839 BELL LAKE RD
City-St-Zip: LAND O LAKES, FL 34639

Title: SD () Delete
Name: MOSES, BRIAN
Address: 6330 NEWTOWN CIRCLE #A-5
City-St-Zip: TAMPA, FL 33615

Title: DVP () Delete
Name: BOYLES, BARRY
Address: 22421 SHORESIDE DR
City-St-Zip: LAND O'LAKES, FL 34639

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DVP (X) Change () Addition
Name: BOYLES, BARRY P.,
Address: 22421 SHORESIDE DR
City-St-Zip: LAND O LAKES, FL 34639

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

Title: D (X) Change () Addition
Name: MOSES, MICHAEL
Address: 2539 SHADECREST DR
City-St-Zip: LAND O'LAKES, FL 34639

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: JO ANNE MOSES

PD

04/21/2008

Electronic Signature of Signing Officer or Director

Date