2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L15183

FILED Apr 17, 2006 Secretary of State

Entity Name: PROFESSIONAL BUSINESS FORMS, INC.

urrent P	Principal Pla	ce of Business:	New Principal Place of Business:	
	DLEWILD AVE	≣		
04 MPA, F	L 33634			
	lailing Addr	ess:	New Mailing Address:	
D BOX 2	260189			
MPA, F	L 336850189	9		
l Number	: 59-2967346	FEI Number Applied For	() FEI Number Not Applicable () Certificate of Status Desired ())
ıme and	d Address of	Current Registered Age	ent: Name and Address of New Registered Agent:	
ENIMOR	E, MARK ATING DR			
		JS		
MPA, F ie above	E 33626 I		or the purpose of changing its registered office or registered agent, or b	ooth
AMPA, F ie above the Stat	EL 33626 Use named entite of Florida. RE:	y submits this statement fo		ooth
AMPA, F ne above the Stat GNATU	e named entit e of Florida. RE: Electr	y submits this statement fo	ed Agent Date	ooth,
e above the State GNATU	e named entit e of Florida. RE:Electr mpaign Financ	y submits this statement for onic Signature of Register ing Trust Fund Contribution (ed Agent Date	
AMPA, F ne above the Stat GNATU ection Ca	e named entit e of Florida. RE: Electr	y submits this statement for onic Signature of Register ing Trust Fund Contribution (ed Agent Date	
MPA, F e above the State GNATU ction Ca FFICER e:	e named entit e of Florida. RE: Electr mpaign Financ S AND DIRE	y submits this statement for onic Signature of Register ing Trust Fund Contribution (ECTORS:	ed Agent Date). ADDITIONS/CHANGES TO OFFICERS AND DIRECTED Title: D (X) Change () Addition	
MPA, F e above the State GNATU ction Cal FFICER e: ne:	e named entit e of Florida. RE: Electr mpaign Financ S AND DIRE D BROCK, JOE	y submits this statement for onic Signature of Register ing Trust Fund Contribution (CTORS:	ed Agent Date Date Date ADDITIONS/CHANGES TO OFFICERS AND DIRECT Title: D (X) Change () Addition Name: BROCK, JOEL A.,	
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I hereby certify that the information supplied with this filing does not qualify for the 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: MARK FENIMORE P 04/17/2006