

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 30, 2004 8:00 am
Secretary of State

07-30-2004 90002 037 ***550.00

DOCUMENT # L34872

1. Entity Name
ROTARY BUSINESS FORMS, INC.



Principal Place of Business

**158 CAMDEN DRIVE
BAL HARBOR, FL 33154**

Mailing Address

**158 CAMDEN DRIVE
BAL HARBOR, FL 33154**

2. Principal Place of Business

3241 NW 38th ST

3. Mailing Address

9655 E. BAY HARBOR DR

Suite, Apt. #, etc.

MIAMI, FL 33142

Suite, Apt. #, etc.

6 N

City & State

City & State

BAY HARBOR, FL

07272004

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0157828

Applied For

Not Applicable

Zip

Country

33142 USA

Zip

Country

33154 USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOYLE, RICHARD B.

158 CAMDEN DRIVE

BAY HARBOR, FL 33154

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 **RICHARD B. DOYLE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **DOYLE, RICHARD B.**
CITY-ST-ZIP **158 CAMDEN DRIVE
BAL HARBOR, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **DOYLE, RICHARD B., JR.**
CITY-ST-ZIP **1040 RENMAR DRIVE
PLANTATION, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **STD**
STREET ADDRESS **DOYLE, FAITH B.**
CITY-ST-ZIP **158 CAMDEN DRIVE
BAL HARBOR, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Richard B. Doyle**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/26/04 (305) 634-8880