

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 11, 2008 8:00 am
Secretary of State

03-11-2008 90020 049 ***150.00

DOCUMENT # L34872

1. Entity Name

ROTARY BUSINESS FORMS, INC.



Principal Place of Business

3241 NW 38TH ST
MIAMI FL 33142

Mailing Address

C/O RICHARD DOYLE
9655 E BAY HARBOR DR #6N
BAY HARBOR FL 33154



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0157828

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/07)

6. Name and Address of Current Registered Agent

DOYLE, RICHARD B.
9655 E BAY HARBOR DR.
6 NORTH
BAY HARBOUR FL 33154

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and state of incorporation.

(NOTE: Registered Agent signature required when completing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	DOYLE, RICHARD B.	
STREET ADDRESS	9655 E. BAY HARBOR DRIVE	
CITY-ST-ZIP	BAY HARBOR FL 33154	
TITLE	VD	☐ Delete
NAME	DOYLE, RICHARD B., JR.	
STREET ADDRESS	506 S.E. 8 STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	
TITLE	STD	☒ Delete
NAME	DOYLE, FAITH B.	
STREET ADDRESS	9655 E. BAY HARBOR DRIVE	
CITY-ST-ZIP	BAY HARBOR FL 33154	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V.P.	☐ Change ☒ Addition
NAME	THEODORA A. B. DOYLE	
STREET ADDRESS	5800 S.W. 196 LANE	
CITY-ST-ZIP	S.W. RANCHES, FL 33332	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 exemptions contained in Section 119, 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 addendum to this report, and all are fully empowered.

SIGNATURE:

Richard B. Doyle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Discipline Fee #

3/11/08 (305) 634-8880