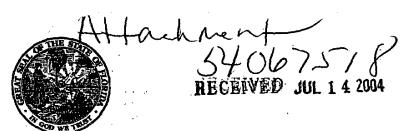
2004 FOR PROFIT CORPORATION ANNUAL REPORT (A/A)

DOCUMENT # L93409

FILED Aug 09, 2004 8:00 am Secretary of State

07-06-2004 90111 031 ***150.00 08-09-2004 90005 032 ***400.00

1. Entity Name DEL BUSINESS FORMS, INC. Principal Place of Business Mailing Address 2406/218 5625 DIXIE DR 5625 DIXIE DR SUITE 1 PENSACOLA FL 32503 PENSACOLA FL 32503 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. 1 Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-3025081 Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DELSENI, RUSS Street Address (P.O. Box Number is Not Acceptable) **5625 DIXIE DR** SUITE 1 PENSACOLA FL 32503 City 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, typed or printed hame of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May 8e Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS /CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Addition TITLE ☐ Detete TILLE DELSENI, RUSS NAME 5625 DIXIE DR SUITE 1 STREET ADDRESS STREET ADDRESS PENSACOLA FL 32503 CITY-ST-ZIP CITY-ST-7IP VΡ ☐ Delete Addition TITLE TITLE DELSENI, FRAN-NAME NAME 5630 BALLY BUNION DR STREET ADDRESS STREET ADDRESS PACE FL 🍜 🗸 -ZIP . Change C Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP. TITLE Defete Defete DTI F Change Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZEP CITY-ST-ZIP Delete Change 1171 F ☐ Addition TITLE NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78 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 850-476-1704 SIGNATURE:



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

July 8, 2004

DEL BUSINESS FORMS, INC. 5625 DIXIE DR SUITE 1 PENSACOLA, FL 32503 US

Subject: DEL BUSINESS FORMS, INC.

Reference Number:

L93409

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$400.00.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/st ANNUAL REPORTS SECTION