

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M88871

**FILED**  
**Apr 27, 2005**  
**Secretary of State**

**Entity Name:** ALPHA BUSINESS FORMS, INC.

**Current Principal Place of Business:**

2001 THOMASVILLE RD.  
TALLAHASSEE, FL 32312

**New Principal Place of Business:**

2001 THOMASVILLE RD.  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

2001 THOMASVILLE RD.  
TALLAHASSEE, FL 32312

**New Mailing Address:**

2001 THOMASVILLE RD.  
TALLAHASSEE, FL 32308

**FEI Number:** 59-2899525

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BOND, CHARLES L.  
2001 THOMASVILLE RD.  
TALLAHASSEE, FL 32312 US

**Name and Address of New Registered Agent:**

BOND, CHARLES L.  
2001 THOMASVILLE RD.  
TALLAHASSEE, FL 32308 US

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: CHARLES L. BOND

04/27/2005

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BOND, CHARLES L.,  
Address: 2001 THOMASVILLE RD.  
City-St-Zip: TALLAHASSEE, FL 32308

Title: TVP ( ) Delete  
Name: BOND, CHARLES L.,  
Address: 2001 THOMASVILLE RD  
City-St-Zip: TALLAHASSEE, FL 32308

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP (X) Change ( ) Addition  
Name: BOND, CHARLES L.,  
Address: 2001 THOMASVILLE RD  
City-St-Zip: TALLAHASSEE, FL 32308

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CHARLES L. BOND

PD

04/27/2005

Electronic Signature of Signing Officer or Director

Date