

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90105 030 ***150.00

DOCUMENT # P97000038297



1. Entity Name
EXACT BUSINESS PRINTERS, INC.

Principal Place of Business
**4418 N. HUBERT AVENUE
TAMPA, FL 33614-7649**

Mailing Address
**4418 N. HUBERT AVENUE
TAMPA, FL 33614-7649**

50050521



2. Principal Place of Business
1936 W. Martin Luther King Blvd.

3. Mailing Address
Same

Suite, Apt. #, etc.
Suite 201

Suite, Apt. #, etc.

04042005 Chg-P CR2E034 (10/03)

City & State
Tampa FL

City & State

4. FEI Number
59-3445545

Applied For
Not Applicable

Zip
33607

Country
USA

Zip
33607

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**ALLEN, THOMAS N
4418 N. HUBERT AVENUE
TAMPA, FL 33614-7649**

7. Name and Address of New Registered Agent
Name
Thomas N. Allen
Street Address (P.O. Box Number is Not Acceptable)
1936 W. Martin Luther King Blvd
Suite 201
City
Tampa FL Zip Code
33607

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 **Thomas N. Allen** **4-20-05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLEN, THOMAS N 2612 AMBERLY PLACE SEFFNER, FL 33584 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Thomas N. Allen** **4-20-05** **813-353-0909**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #