


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90055 044 \*\*\*150.00

<b>DOCUMENT # P98000057836</b> 1. Entity Name <b>BOOK BINDER PRINTING &amp; PUBLISHING, INC.</b>	
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Principal Place of Business <del>1931 LIMBUS DR</del> <del>SARASOTA, FL 34243</del> <b>2904 LITTLE COUNTRY ROAD</b>	Mailing Address <del>1931 LIMBUS DR</del> <del>SARASOTA, FL 34243</del> <b>2904 LITTLE COUNTRY ROAD</b>
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**PARRISH, FL 34219**

**DO NOT WRITE IN THIS SPACE**

**2904 LITTLE COUNTRY ROAD**  
**PARRISH, FL 34219**



02072005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0862351</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  BERUBE, DAVID R <del>1931 LIMBUS DR</del> <del>SARASOTA, FL 34243</del> <b>2904 LITTLE COUNTRY RD</b> <b>PARRISH, FL 34219</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BERUBE, DAVID R 2904 LITTLE COUNTRY RD PARRISH, FL 34219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BERUBE, CYNTHIA E 2904 LITTLE COUNTRY RD PARRISH, FL 34219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: David R. Berube **2/8/05** (941) 755-3506  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #