## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Apr 17, 2008 08:00 All Secretary of State DOCUMENT #V19289 1. Entity Name FLORIDA FORMS INC. Mailing Address Principal Place of Business 41 SW 16 ST 41 SW 16 ST POMPANO BEACH, FL 33060 POMPANO BEACH, FL 33060 US No Chg-P CR2E034 (11/05) 04152008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0315825 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HOWE, DIANE DO NOT WRITE 41 SW 16 ST POMPANO BEACH, FL 33060 IN THIS SPACE 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and liftle if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE HOWE, DIANE NAME 41 SW 16 ST STREET ADDRESS POMPANO BEACH, FL 33060 CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 cath; 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.