

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V22368

1. Entity Name  
SAFEGUARD BUSINESS SYSTEMS AND FORMS OF  
TALLAHASSEE, INC.



Principal Place of Business  
5086 WOODLANE CIRCLE  
TALLAHASSEE, FL 32303 US

Mailing Address  
P O BOX 4208  
TALLAHASSEE, FL 32315-4208 US

**FILED**  
**Feb 19, 2008 08:00 AM**  
**Secretary of State**



01162008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3114519

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

AKER-ROBERTS, LINDA L  
4977 SCAWTHORN DRIVE  
TALLAHASSEE, FL 32303

**DO NOT WRITE  
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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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  
DP  
AKER-ROBERTS, LINDA L  
4977 SCAWTHORN DR  
TALLAHASSEE, FL 32303

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
POPE, TERI M  
4977 SCAWTHORN DR  
TALLAHASSEE, FL 32303

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/2008

850-562-7143