

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V23519

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: STRATEGIC BUSINESS FORMS, INC.

**Current Principal Place of Business:**

2715 NE 36TH AVE  
OCALA, FL 34470 US

**New Principal Place of Business:**

**Current Mailing Address:**

2715 NE 36TH AVE  
OCALA, FL 34470 US

**New Mailing Address:**

FEI Number: 59-3127866      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MAI, SHARON STARR  
2715 N.E. 36TH AVENUE  
OCALA, FL 34470 US

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

MAI, SHARON S  
2715 N.E. 36TH AVENUE  
OCALA, FL 34470 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: SHARON S. MAI

04/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MAI, PETER LEE  
Address: 2715 NE 36TH AVE  
City-St-Zip: Ocala, FL 34470

Title: V ( ) Delete  
Name: MAI, SHARON STARR  
Address: 2715 NE 36TH AVE  
City-St-Zip: Ocala, FL 34470

Title: S ( ) Delete  
Name: WAGNER, ELLA  
Address: 3715 NE 17TH ST  
City-St-Zip: Ocala, FL 34470

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: SHARON S. MAI

VP

04/16/2009

Electronic Signature of Signing Officer or Director

Date