

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V23519

FILED  
Feb 18, 2011  
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 S  
2715 N.E. 36TH AVENUE  
OCALA, FL 34470 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: SHARON STARR MAI

CEO

02/18/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date