

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000068552

Entity Name: RE: BUSINESS FORMS, INC.

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

69 KNOLL WOOD DR.  
POINCIANA, FL 34759

**New Principal Place of Business:**

**Current Mailing Address:**

69 KNOLL WOOD DR.  
POINCIANA, FL 34759

**New Mailing Address:**

FEI Number: 26-3066906

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ERCKMAN, RICHARD  
69 KNOLL WOOD DR.  
POINCIANA, FL 34759 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: CEO  
Name: ERCKMAN, RICHARD  
Address: 69 KNOLL WOOD DR.  
City-St-Zip: POINCIANA, FL 34759

Title: VP  
Name: ERCKMAN, LAURA  
Address: 69 KNOLL WOOD DR.  
City-St-Zip: POINCIANA, FL 34759

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: RICHARD ERCKMAN

CEO

01/05/2012

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

\_\_\_\_\_  
Date