

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05644

FILED
Apr 05, 2005
Secretary of State

Entity Name: KING BUSINESS FORMS CORPORATION

Current Principal Place of Business:

4021 DORIS CIR
KNOXVILLE, TN 379185410 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 71089
KNOXVILLE, TN 379381089 US

New Mailing Address:

FEI Number: 62-0875173

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: KING, ANN,
Address: 6315 EMORY ROAD, E.
City-St-Zip: KNOXVILLE, TN

Title: PD () Delete
Name: KING, JIMMY,
Address: 6315 EMORY ROAD, E.
City-St-Zip: KNOXVILLE, TN

Title: ST () Delete
Name: SANDE, LORI
Address: 8431 COPPOCK ROAD
City-St-Zip: CORRYTON, TN

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change () Addition
Name: KING, ANN,
Address: 6315 EMORY ROAD, E.
City-St-Zip: KNOXVILLE, TN 37938

Title: PD (X) Change () Addition
Name: KING, JIMMY,
Address: 6315 EMORY ROAD, E.
City-St-Zip: KNOXVILLE, TN 37938

Title: ST (X) Change () Addition
Name: SANDE, LORI
Address: 8431 COPPOCK ROAD
City-St-Zip: CORRYTON, TN 37721

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ANN A. KING

SEC.

04/05/2005

Electronic Signature of Signing Officer or Director

Date