

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05644

FILED  
Apr 09, 2007  
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 37938

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

Title: AST ( ) Delete  
Name: SANDE, LORI  
Address: 8431 COPPOCK ROAD  
City-St-Zip: CORYTON, TN 37721

**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 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:** ANN KING

STD

04/09/2007

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

\_\_\_\_\_  
Date