

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05644

1. Entity Name
KING BUSINESS FORMS CORPORATION



FILED
Jul 16, 2008 08:00 AM
Secretary of State

Principal Place of Business
4021 DORIS CIR
KNOXVILLE, TN 37918-5410 US

Mailing Address
P.O. BOX 71089
KNOXVILLE, TN 37938-1089 US



07072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
62-0875173

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
STD
KING, ANN
6315 EMORY ROAD, E.
KNOXVILLE, TN 37938

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
KING, JIMMY
6315 EMORY ROAD, E.
KNOXVILLE, TN 37938

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
AST
SANDE, LORI
8431 COPPOCK ROAD
CORRYTON, TN 37721

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U00000955201
07/16/08-80007-007 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ann King Sec. Ann King 7-7-08 865-925-3676
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #