

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05644

FILED
Mar 24, 2009
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:

531 STRAIGHT CREEK ROAD
NEW TAZEWEELL, TN 37825 US

Current Mailing Address:

P.O. BOX 71089
KNOXVILLE, TN 379381089 US

New Mailing Address:

P.O. BOX 1467
NEW TAZEWEELL, TN 37824 US

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: CORRYTON, 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: AST (X) Change () Addition
Name: SCOTT, 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 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

SEC

03/24/2009

Electronic Signature of Signing Officer or Director

_____ Date