


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 26, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 255633**  
1. Entity Name  
**SYDNEY BAG & PAPER CO.**



Principal Place of Business 134 W WAINMAN AVENUE POST OFFICE BOX 27 ASHEBORO, NC 27204	Mailing Address 134 W WAINMAN AVENUE POST OFFICE BOX 27 ASHEBORO, NC 27204
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01072004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-0948126	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
GERSON, PRESTON, & CO. P.A.  
666 71ST STREET  
MIAMI BEACH, FL 33141

**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 reinsuring) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD GANS, CHARLES 400 MIDLAND DRIVE ASHEVILLE, NC 28804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GANS, DALIAH 400 MIDLAND DIRVE ASHEVILLE, NC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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U00000013063  
01/26/04-80038-025 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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, 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:** \_\_\_\_\_ **1/19/04** **336-679-0551**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #