

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 14, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 255633**


1. Entity Name  
 SYDNEY BAG & PAPER CO.



Principal Place of Business      Mailing Address

134 W WAINMAN AVENUE      134 W WAINMAN AVENUE  
 POST OFFICE BOX 27      POST OFFICE BOX 27  
 ASHEBORO, NC 27204      ASHEBORO, NC 27204

**DO NOT WRITE IN THIS SPACE**



01052005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
 59-0948126      Not Applicable

5. Certificate of Status Desired        \$8.75 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 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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000001227832  
 02/14/05-80014-023 150.00

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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 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:**  \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      *Charles Gans*      Date *2/7/05*      Daytime Phone # *(336) 439-0551*