


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 04, 2005 08:00 AM**  
**Secretary of State**

|  |                                     |   |   |
|--|-------------------------------------|---|---|
| <b>DOCUMENT # 524825</b>   |                                     |    |   |
| 1. Entity Name<br>COLONIAL PAPER COMPANY, INC.   |                                     |   |   |
| Principal Place of Business<br>3720 NE 33RD ST<br>P.O. BOX 310 SILVER SPRINGS, FL 326<br>OCALA FL 34479<br>US              |                                     | Mailing Address<br>3720 NE 33RD ST<br>P.O. BOX 310<br>SILVER SPRINGS FL 34489<br>US   |   |
| 2. Principal Place of Business   |                                     | 3. Mailing Address  |   |
| Suite, Apt. #, etc.  |                                     | Suite, Apt. #, etc.   |   |
| City & State   |                                     | City & State  |   |
| Zip  | Country                             | Zip   | Country   |
| 6. Name and Address of Current Registered Agent<br><br>PRICE, VIVIAN T<br>3720 NE 33RD ST<br>OCALA FL 34470                |                                     | 4. FEI Number <b>59-1712436</b><br>Applied For <input type="checkbox"/> Not Applicable  |   |
| 7. Name and Address of New Registered Agent  |                                     | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required   |   |
| Name   |                                     | Applied For <input type="checkbox"/> Not Applicable   |   |
| Street Address (P.O. Box Number is Not Acceptable)   |                                     | 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. |   |
| City   |                                     | FL  |   |
| Zip Code   |                                     | DATE  |   |
| SIGNATURE  |                                     | DATE  |   |
| Signature, typed or printed name of registered agent and title if applicable   |                                     | (NOTE: Registered Agent signature required when reinstating)  |   |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2005 Fee Will Be \$550.00<br>Make Check Payable to Florida Department of State |                                     | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees   |   |
| 10. OFFICERS AND DIRECTORS   |                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |
| TITLE  | CD <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | TUCK, WILLIAM H SR                  | NAME  |   |
| STREET ADDRESS   | 3720 NE 33RD ST                     | STREET ADDRESS  |   |
| CITY-ST-ZIP  | OCALA FL                            | CITY-ST-ZIP   |   |
| TITLE  | PD <input type="checkbox"/> Delete  | TITLE   |   |
| NAME   | TUCK, GAIL B                        | NAME  |   |
| STREET ADDRESS   | 3720 NE 33RD ST                     | STREET ADDRESS  |   |
| CITY-ST-ZIP  | OCALA FL                            | CITY-ST-ZIP   |   |
| TITLE  | D <input type="checkbox"/> Delete   | TITLE   |   |
| NAME   | PRICE, HUGH D                       | NAME  |   |
| STREET ADDRESS   | 3720 NE 33RD ST                     | STREET ADDRESS  |   |
| CITY-ST-ZIP  | OCALA, FL 00000                     | CITY-ST-ZIP   |   |
| TITLE  | GMD <input type="checkbox"/> Delete | TITLE   |   |
| NAME   | TUCK, DAVID A.                      | NAME  |   |
| STREET ADDRESS   | 3720 NE 33RD ST                     | STREET ADDRESS  |   |
| CITY-ST-ZIP  | OCALA FL                            | CITY-ST-ZIP   |   |
| TITLE  | STD <input type="checkbox"/> Delete | TITLE   |   |
| NAME   | PRICE, VIVIAN T                     | NAME  |   |
| STREET ADDRESS   | 3720 NE 33RD ST                     | STREET ADDRESS  |   |
| CITY-ST-ZIP  | OCALA FL                            | CITY-ST-ZIP   |   |
| TITLE  | <input type="checkbox"/> Delete     | TITLE   |   |
| NAME   |                                     | NAME  |   |
| STREET ADDRESS   |                                     | STREET ADDRESS  |   |
| CITY-ST-ZIP  |                                     | CITY-ST-ZIP   |   |



1st MOORE CR2E034 (10/04)

4. FEI Number **59-1712436**  
 Applied For  Not Applicable

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

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

| 10. OFFICERS AND DIRECTORS |                                     |
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| CITY-ST-ZIP                | OCALA FL                            |
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| CITY-ST-ZIP                | OCALA FL                            |
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| NAME                       | PRICE, HUGH D                       |
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| CITY-ST-ZIP                | OCALA, FL 00000                     |
| TITLE                      | GMD <input type="checkbox"/> Delete |
| NAME                       | TUCK, DAVID A.                      |
| STREET ADDRESS             | 3720 NE 33RD ST                     |
| CITY-ST-ZIP                | OCALA FL                            |
| TITLE                      | STD <input type="checkbox"/> Delete |
| NAME                       | PRICE, VIVIAN T                     |
| STREET ADDRESS             | 3720 NE 33RD ST                     |
| CITY-ST-ZIP                | OCALA FL                            |
| TITLE                      | <input type="checkbox"/> Delete     |
| NAME                       |                                     |
| STREET ADDRESS             |                                     |
| CITY-ST-ZIP                |                                     |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP   |   |
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| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |

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 04/05/05-80011-019 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Vivian T. Price* **Vivian T. Price** **3-1-05** **352-622-4171**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #