

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2007 8:00 am
Secretary of State

03-08-2007 90022 024 ***150.00

DOCUMENT # P04899
 1. Entity Name
 R.A. PAAPE CO., INC.



Principal Place of Business Mailing Address
 15662 ALTON DR 15662 ALTON DR
 FORT MYERS FL 33908 FORT MYERS FL 33908



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 MATLAND Acct R.A. PAAPE Co Inc
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 STE 107-12995 CLEVELAND RD 228 RIVERCREST BLVD
 City & State City & State
 FT. MYERS, FL. ARDEN, NC

1st MOORE CR2E034 (10/06)

4. FEI Number 39-1043101 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 Zip Country Zip Country
 33907 LEE 28704

6. Name and Address of Current Registered Agent
 PAAPE, R.A.
 15662 ALTON DR
 FORT MYERS FL 33908
 228 RIVERCREST BLVD
 ARDEN, N.C.
 28704

7. Name and Address of New Registered Agent
 Name RUDY K. MATLAND
 Street Address (P.O. Box Number is Not Acceptable)
 12995 CLEVELAND AVE - 107
 City FT. MYERS FL Zip Code 33907

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, 2007 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD PAAPE, R.A. 1310 BROADWATER DRIVE FT. MYERS FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD PAAPE, KATHRINE E. 1310 BROADWATER DRIVE FT. MYERS FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: R.A. PAAPE 2-26-07 828-681-9586
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone