


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # 196449 1. Entity Name STEVENS PAPER DISTRIBUTION, INC.	
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Principal Place of Business
**ANNA M STEVENS
6550 OKEECHOBEE BLVD.
W PALM BEACH, FL 33411**

Mailing Address
**ANNA M STEVENS
6550 OKEECHOBEE BLVD.
W PALM BEACH, FL 33411**



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0825631	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**STEVENS, HENRY W JR.
6550 OKEECHOBEE BLVD
WEST PALM BEACH, FL 33411**

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	PD STEVENS, LOUIS A 1415 WILDERNESS RD WEST PALM BEACH, FL 33409
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD STEVENS, ALEX H. SR. 6550 OKEECHOBEE BLVD. W. PALM BCH., FL 33411
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD STEVENS JR, HENRY W. 8878 PIONEER RD WEST PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD STEVENS, ANNA M. 8880 PIONEER RD WEST PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/13/04-80002-018 150.00

**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 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: Anna M. Stevens
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/04 561-683-4701
Date Daytime Phone #