

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90069 002 ***150.00

DOCUMENT # 369585

1. Entity Name

PAGE INDUSTRIES, INC.



Principal Place of Business
249 N HIGHLAND ST
MOUNT DORA FL 32757

Mailing Address
249 N HIGHLAND ST
MOUNT DORA FL 32757



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

P.O. Box 305

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

MOUNT DORA, FL.

4. FEI Number

59-1359088

Applied For

Not Applicable

Zip

Country

Zip

Country

32756-0305

LAKE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PAGE, WILLIAM C
249 N. HIGHLAND ST
MT. DORA FL 32757

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

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, 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	P	<input type="checkbox"/> Delete
NAME	PAGE, WILLIAM C	(MAILING ONLY) P.O. Box 305 32756-0305
STREET ADDRESS	249 N HIGHLANDS STREET	
CITY-ST-ZIP	MT DORA, FL 00000	
TITLE	SDT	<input type="checkbox"/> Delete
NAME	PAGE, PHYLLIS D	(MAILING ONLY) P.O. Box 305 32756-0305
STREET ADDRESS	249 N HIGHLANDS STREET	
CITY-ST-ZIP	MT DORA, FL 00000	
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CITY-ST-ZIP		

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:

Phyllis D. Page SEC/TREAS.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #