


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 08:00 A
Secretary of State

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| DOCUMENT # 520622 | |  |
| 1. Entity Name CLASSON PAPER AND SUPPLY CORP. | | |
| Principal Place of Business 191 SW 20TH WAY DANIA, FL 33004 US | Mailing Address 191 SW 20TH WAY DANIA, FL 33004 US | |



02062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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|--|-------------------------------|
| 4. FEI Number 59-1734070 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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|---|
| 6. Name and Address of Current Registered Agent LIEBERMAN, MITCHELL 1508 SW 149TH AVE PEMBROKE PINES, FL 33027 |
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**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, 2008 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 LIEBERMAN, MITCHELL 1508 SW 149TH AVE PEMBROKE PINES, FL 33027 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TS LIEBERMAN, DIANNE 1508 S.W. 149 AVENUE PEMBROKE PINES, FL 33027 |
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03/21/08-80012-012 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  Mitchell Lieberman 3/6/08 9149132001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #