2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005 08:00 AM
Secretary of State

DOCUMENT # 635964

1. Entity Name
PAGE FAMILY CORPORATION

Principal Place of Business	Mailing Address
203 N. KINGS ROAD CALLAHAN, FL 32011 US	PO BOX 1382 CALLAHAN, FL 32011

01152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PAGE, JOHN H
45108 PEYTON LANE
CALLAHAN, FL 32011

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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

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PAGE, JOHN H
STREET ADDRESS	45108 PEYTON LANE
CITY-ST-ZIP	CALLAHAN, FL 32011
TITLE	D
NAME	YOUNG, MARLENE PAGE
STREET ADDRESS	4001 HAZEL JONES ROAD
CITY-ST-ZIP	CALLAHAN, FL 32011
TITLE	STD
NAME	PAGE, RONALD, E
STREET ADDRESS	4805 NORTHRIDGE PL NE
CITY-ST-ZIP	ALBUQUERQUE, NM
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000001185592
01/21/05-80021-024 150.00

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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: John H. Page 15 JAN 05 (904) 879-7082
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #