

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2004 8:00 am
Secretary of State

07-16-2004 90012 047 ***150.00

DOCUMENT # F02000004554

1. Entity Name
PAPIOTRADE, INC.



Principal Place of Business
4458 S. 67TH ST.
OMAHA, NE 68117

Mailing Address
PO BOX 461004
PAPILLION, NE 68046

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07062004

Chg-P

CR2E034 (10/03)

4. FEI Number
47-0834527

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

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
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME THOMAS, TIM
STREET ADDRESS 411 REMINGTON RD
CITY-ST-ZIP PAPILLION, NE 68046

TITLE S ☐ Delete
NAME THOMAS, LINDA
STREET ADDRESS 411 REMINGTON RD
CITY-ST-ZIP PAPILLION, NE 68046

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME THOMAS, TIM
STREET ADDRESS 16017 SOUTH 57TH ST.
CITY-ST-ZIP PAPILLION, NE 68046

TITLE ☒ Change ☐ Addition
NAME THOMAS, LINDA
STREET ADDRESS 16017 SOUTH 57TH ST.
CITY-ST-ZIP PAPILLION, NE 68046

TITLE ☐ Change ☒ Addition
NAME VICE PRESIDENT
STREET ADDRESS THOMAS, KEITH
CITY-ST-ZIP 1900 HIDDEN VALLEY DRIVE
PAPILLION, NE 68046

TITLE ☐ Change ☒ Addition
NAME TREASURER
STREET ADDRESS THOMAS, PATRICIA
CITY-ST-ZIP 1900 HIDDEN VALLEY DRIVE
PAPILLION, NE 68046

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Daniel S Kraft DANIEL S KRAFT

7-7-04

402 597 1558

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #