

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90250 038 ***158.75

DOCUMENT # F03000003137

1. Entity Name
ORCHIDS PAPER PRODUCTS COMPANY



Principal Place of Business

**6TH AND HUNT STREET
PRYER, OK 74361**

Mailing Address

**RTE. 3, BOX 69-8
PRYER, OK 76361**

2. Principal Place of Business

M.A.I.P.

Suite, Apt. #, etc.

4826 Hunt Street

City & State

Pryor, OK

Zip
74361

Country
USA

3. Mailing Address

M.A.I.P.

Suite, Apt. #, etc.

4826 Hunt Street

City & State

Pryor, OK

Zip
74361

Country
USA

04262004

Chg-P

CR2E034 (10/03)

4. FEI Number
23-2956944

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FROOK, DAVID
17315 EQUESTRIAN TRAIL
ODESSA, FL 33556**

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
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
**CP
SAGE, MICHAEL
ROUTE 3 BOX 69-8
PRYER, OK 74361** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SCHREIBER, RICHARD
RT. 3 BOX 69-8
PRYER, OK 74361** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SCHREIBER, PETER
RT. 3 BOX 69-8
PRYER, OK 74361** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
SCHROEDER, KEITH
RT. 3 BOX 69-8
PRYER, OK 74361** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TOM McFALL
1171 Maggies Way
Waterbury Center, Vermont 05677** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MICHAEL TAGLICH
700 New York Avenue
Huntington, New York 11743** ☐ Change ☒ Addition

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

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

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

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

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:

Keith R. Schroeder
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Keith R. Schroeder 4-27-04 (918) 825-0616

CFO

Date

Daytime Phone #