


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 30, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # F03000003137</b> 1. Entity Name <b>ORCHIDS PAPER PRODUCTS COMPANY</b>	
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Principal Place of Business <b>M.A.I.P. 4826 HUNT STREET PRYOR, OK 74361</b>	Mailing Address <b>M.A.I.P. 4826 HUNT STREET PRYOR, OK 74361</b>
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05232007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>23-2956944</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
**FROOK, DAVID  
17315 EQUESTRIAN TRAIL  
ODESSA, FL 33556**

**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 DAVID FROOK DATE 05-23-07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP SAGE, MICHAEL 4826 HUNT ST PRYOR, OK 74361
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHROEDER, KEITH 4826 HUNT ST PRYOR, OK 74361
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06/01/07-80011-021 150.00

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:** MICHAEL P SAGE **5-23-07** **(918) 825-0616**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #