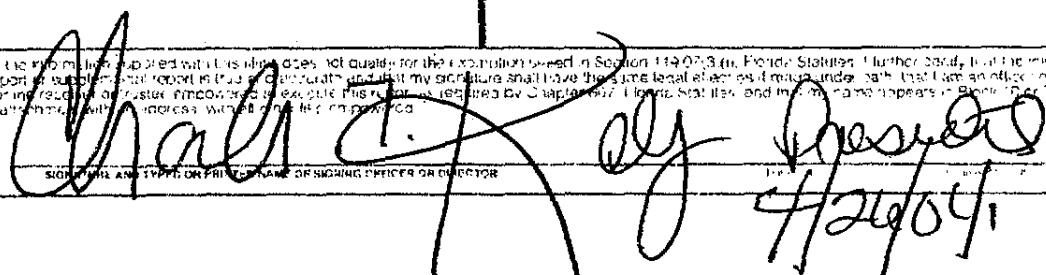


FILED
Apr 30, 2004 08:00 AM
Secretary of State

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # J42974		
1. Entity Name SUPREME PAPER SUPPLIES, INCORPORATED		
Principal Place of Business % CHARLES TERRELL KELLY 8967 1/2 PENSACOLA BLVD. PENSACOLA, FL 32534		Mailing Address % CHARLES TERRELL KELLY 8967 1/2 PENSACOLA BLVD. PENSACOLA, FL 32534
DO NOT WRITE IN THIS SPACE		
		Barcode:  B4172004 No Chg-F CR2E054 (10/03)
		4. FET Number 59-2758083
		5. Certificate Status Desired ☐ \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent KELLY, CHARLES TERRELL 8967 1/2 PENSACOLA BLVD. PENSACOLA, FL 32514		
DO NOT WRITE IN THIS SPACE		
7. The undersigned hereby submits this statement for the purpose of registering as registered office or registered agent, or both, in the State of Florida. I am a natural born citizen of the United States of America.		
SIGNATURE: _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Funding Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
OFFICER NAME STREET ADDRESS CITY, ST, ZIP	DP KELLY, CHARLES TERRELL 8967 1/2 PENSACOLA BLVD PENSACOLA, FL	DO NOT WRITE IN THIS SPACE
OFFICER NAME STREET ADDRESS CITY, ST, ZIP	D KELLY, BARBARA ANN 89 MONARCH LANE PENSACOLA, FL	
OFFICER NAME STREET ADDRESS CITY, ST, ZIP		
OFFICER NAME STREET ADDRESS CITY, ST, ZIP		
OFFICER NAME STREET ADDRESS CITY, ST, ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption provided in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on this report or supplement thereto 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 registered office or registered agent, as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 of this filing.		
SIGNATURE:  SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		