

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2008 08:00 AM
Secretary of State

DOCUMENT # J88176	
1. Entity Name ST. PETE PAPER COMPANY	

Principal Place of Business 12995 AUTOMOBILE BLVD CLEARWATER FL 33762	Mailing Address PO BOX 17207 CLEARWATER FL 33762
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/07)	
4. FE Number 59-2852027	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GOMEZ, PEDRO J. SR 12995 AUTOMOBILE BLVD CLEARWATER FL 33762	
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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 new agent and title (if applicable) MOORE Registered Agent sign (do not sign when removing) DATE _____

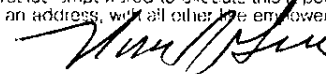
FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE	DP ☐ Delete
NAME	GOMEZ, PEDRO J.
STREET ADDRESS	2105 HEMBURY PL
CITY-STATE-ZIP	SUN CITY CENTER FL 33573
TITLE	VST ☐ Delete
NAME	GOMEZ, NORA
STREET ADDRESS	1205 MARION DR SOUTH
CITY-STATE-ZIP	ST. PETERSBURG FL 33707
TITLE	VD ☐ Delete
NAME	GOMEZ, PEDRO J.
STREET ADDRESS	44791 ST GERMAINE COURT
CITY-STATE-ZIP	ASHBURN VA 20147
TITLE	D ☐ Delete
NAME	GOMEZ, NORA
STREET ADDRESS	1205 MARION DR SOUTH
CITY-STATE-ZIP	ST. PETERSBURG FL 33707
TITLE	D ☐ Delete
NAME	GOMEZ, RITA
STREET ADDRESS	2105 HEMBURY PL
CITY-STATE-ZIP	SUN CITY CENTER FL 33573
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 fee empowered.

SIGNATURE:  **NORA R GOMEZ** **4-2-08** **727-572-9868**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #