

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90080 026 ***150.00

DOCUMENT # K78982

1. Entity Name

ABOVE PAR PAPERHANGING INC.



Principal Place of Business

% ANN M MILLS
3498 S CLYDE MORRIS BLVD
PORT ORANGE FL 32127

Mailing Address

% ANN M MILLS
3498 S CLYDE MORRIS BLVD
PORT ORANGE FL 32127



2. Principal Place of Business

4351 MACKERAL CIRCLE

3. Mailing Address

4351 MACKERAL CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

EDGEWATER, FLORIDA

EDGEWATER, FLORIDA

City & State

City & State

Zip
32141

Country
VOLUSIA

Zip
32141

Country
VOLUSIA

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-2943140

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILLS, ANN M.
3498 S CLYDE MORRIS BLVD
PORT ORANGE FL 32127

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, 2006 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 P ☐ Delete
NAME MILLS, LEWIS M.
STREET ADDRESS 3498 S CLYDE MORRIS BLVD
CITY-ST-ZIP PORT ORANGE FL 32129

TITLE ST ☐ Delete
NAME MILLS, ANN M.
STREET ADDRESS 3498 S CLYDE MORRIS
CITY-ST-ZIP PORT ORANGE FL 32129

TITLE VP ☐ Delete
NAME MILLS, JEFFREY L
STREET ADDRESS 3498 SOUTH CLYDE MORRIS BLVD.
CITY-ST-ZIP PORT ORANGE FL 32129

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
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
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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 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 like empowered.

SIGNATURE:

Ann M. Mills
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-06

Date

(386) 345-4534

Daytime Phone #