

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 11, 2008 8:00 am
Secretary of State

09-11-2008 90014 001 *1,100.00

DOCUMENT # K98799

1. Entity Name
PAPINAW SERVICES, INC.



Principal Place of Business
C/O ROBERT L. PAPINAW
295 TRADER ROAD
LABELLE, FL 33935-3347

Mailing Address
C/O ROBERT L. PAPINAW
295 TRADER ROAD
LABELLE, FL 33935-3347

66016483



07222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0138322

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

PAPINAW, ROBERT L P
295 TRADER ROAD
LABELLE, FL 33935

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008

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

10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------|
| TITLE | DP |
| NAME | PAPINAW, ROBERT L P |
| STREET ADDRESS | 295 TRADER ROAD |
| CITY-ST-ZIP | LABELLE, FL 33935 |
| TITLE | DP |
| NAME | PAPINAW, JANET E |
| STREET ADDRESS | 295 TRADER ROAD |
| CITY-ST-ZIP | LABELLE, FL 33935 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-01-08

Date

863-675-7383

Daytime Phone #