

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 FEB -9 AM 10:43

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L76864

1. Entity Name
A-1 PAPER AND SUPPLY COMANY



Principal Place of Business
C/O MICHAEL R. BRUENS
250 LOCK RD.
DEERFIELD BCH., FL 33442

Mailing Address
1281 SW 20 AVE
BOCA RATON, FL 33486



01102004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0202416 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

BRUENS, MICHAEL R.
1281 SW 20 AVE
BOCA RATON, FL 33486

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

1/28/04
DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	BRUENS, MICHAEL R.
STREET ADDRESS	1281 SW 20 AVE
CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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02/12/04--01035--024 **150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 Date Daytime Phone #



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

January 23, 2004

A-1 PAPER AND SUPPLY COMANY
1281 SW 20 AVE
BOCA RATON, FL 33486

SUBJECT: A-1 PAPER AND SUPPLY COMANY
Ref. Number: L76864

We have received your document for A-1 PAPER AND SUPPLY COMANY and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

The annual report/uniform business report/reinstatement application must be signed by an officer or director of the corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers
Document Specialist

Letter Number: 904A00004201