

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

FILED  
04 FEB -9 AM 10:43

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/28/04

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPST  
BRUENS, MICHAEL R.  
1281 SW 20 AVE  
BOCA RATON, FL 33486

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

900028658809  
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)(i), 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

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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