

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**May 02, 2008 08:00 AM  
Secretary of State**

**DOCUMENT # P00000034755**

1. Entity Name  
**PAGE ONE PROCESSING, INC.**



Principal Place of Business  
**6201 S ELBERON ST  
TAMPA, FL 33611**

Mailing Address  
**6201 S ELBERON ST  
TAMPA, FL 33611**



04252008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3637187**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**PAGE, TRISTA  
6201 S ELBERON ST  
TAMPA, FL 33611**

**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 renewing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PSTD
NAME	PAGE, TRISTA H
STREET ADDRESS	6201 S ELBERON ST
CITY-ST-ZIP	TAMPA, FL 33611
TITLE	V
NAME	PAGE, CHRISTOPHER G
STREET ADDRESS	6201 S ELBERON ST
CITY-ST-ZIP	TAMPA, FL 33611
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
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

Date

Daytime Phone #

**813-805-2460**