

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000085880 1. Entity Name TRECOM PAPER SALES COMPANY			
Principal Place of Business 7431 BLUE HERON WAY WEST PALM BEACH, FL 33412		Mailing Address 7431 BLUE HERON WAY WEST PALM BEACH, FL 33412	
DO NOT WRITE IN THIS SPACE		 03082008 No Chg-P CR2E034 (11/05)	
4. FEI Number 65-1038459		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LUCY, CHARLES P 7431 BLUE HERON WAY WEST PALM BEACH, FL 33412		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 \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11111111463382 03/21/06 30074-005 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUCY, CHARLES P 7431 BLUE HERON WAY WEST PALM BEACH, FL 33412	DO NOT WRITE IN THIS SPACE	
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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: <u>CHARLES P. LUCY</u> <i>Charles P. Lucy President/mover</i> 3-10-06 561-625-3212 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			