

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000088230

Entity Name: NAPPERS, INC.

FILED
Apr 27, 2006
Secretary of State

Current Principal Place of Business:

116 N. RIDGEWOOD AVE
EDGEWATER, FL 32132

New Principal Place of Business:

Current Mailing Address:

116 N. RIDGEWOOD AVE
EDGEWATER, FL 32132

New Mailing Address:

FEI Number: 59-3692865

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MISKULIN, JAMES R
1635 SHELLPOINT ROAD
CRAWFORDVILLE, FL 32327 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DIR () Delete
Name: MISKULIN, JAMES R
Address: 1635 SHELLPOINT ROAD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: PRES () Delete
Name: HOLLEMAN, SHERILYN K
Address: 200 HEYWOOD AVE., APT. 607
City-St-Zip: SPARTANBURG, SC 29307

Title: VP () Delete
Name: MISKULIN, HEATHER A
Address: 3030 IRVING AVENUE SOUTH, APT. 213
City-St-Zip: MINNEAPOLIS, MN 55408

Title: SECT () Delete
Name: MISKULIN, JOSEPH
Address: 1110 AZALEA HILL DRIVE
City-St-Zip: GREENVILLE, SC 29607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH MISKULIN

SECT

04/27/2006

Electronic Signature of Signing Officer or Director

Date