

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 24, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000101586

1. Entity Name
PAPER CHASE OF INDIALANTIC, INC.



Principal Place of Business
216 TWELFTH TERRACE
INDIALANTIC, FL 32903

Mailing Address
216 TWELFTH TERRACE
INDIALANTIC, FL 32903



07112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3279375

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOHSEN, ALHADDAD
216 TWELFTH TERRACE
INDIALANTIC, FL 32903

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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

U00000770311
07/24/07-80011-002 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D
NAME MOHAMAD, SHARIFAH
STREET ADDRESS 216 TWELFTH TERRACE
CITY-ST-ZIP INDIALANTIC, FL 32903

TITLE O
NAME MOHSEN, ALHADDAD
STREET ADDRESS 216 TWELFTH TERRACE
CITY-ST-ZIP INDIALANTIC, FL 32903

TITLE O
NAME SHARIFF, ALHADDAD
STREET ADDRESS 651 HAMMOCK RD
CITY-ST-ZIP MELBOURNE, FL 32904

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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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: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MOHSEN ALHADDAD

x July 17, 07

Date

Daytime Phone #