2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Aug 05, 2004 8:00 am Secretary of State **DOCUMENT # P01000109166** 1. Entity Name 08-05-2004 90005 016 ***150.00 PAPASON, INC. Principal Place of Business Mailing Address 7338 CORTEZ ROAD WEST 7338 CORTEZ ROAD WEST 54067035 **BRADENTON FL 34210 BRADENTON FL 34210** 2. Principal Place of Business 3. Mailing Address 7960 GULF BLV Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (4/04) City & State 4. FEI Number Applied For Shazen 65-1152333 Not Applicable Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired nc (Co) Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VITALE, RICHARD Street Address (P.O. Box Number is Not Acceptable) 7338 CORTEZ ROAD WEST **BRADENTON FL 34210** City Zip Code 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 8, 2004 late fee. By checking this box, the corporation certifies it, Trust Fund Contribution. Added to Fees did not receive prior notice. Fee to file is \$150.00. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE םו ☐ Delete TITLE ☐ Change ☐ Addition VITALE, RICHARD STREET ADDRESS 7338 CORTEZ ROAD WEST STREET ADDRESS BRADENTON FL 34210 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition BUCCIARELLI, NICHOLAS J III NAME 7338 CORTEZ ROAD WEST STREET ADDRESS STREET ADDRESS **BRADENTON FL 34210** CfTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

I hereby certify that the information supplied with this filling 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

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changed, or on an attachment with an address, with all other like empowered.

SIGNATURE >

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