


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000120491</b> 1. Entity Name <b>SOFTEX PAPER, INC.</b>	
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Principal Place of Business <b>PALATKA 71 1400 REID ST PALATKA, FL 32177</b>	Mailing Address <b>PO BOX 309 PALATKA, FL 32178</b>
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01252006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>01-0549758</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>ANDERSON, WENDY 1400 REID STREET PALATKA, FL 32178</b>
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**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 <u>Wendy Anderson, Office Manager</u> <small>Signature, typewritten name of registered agent and title if applicable</small>	DATE <u>1/25/06</u> <small>(NOTE: Registered Agent signature required when registering.)</small>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>000000411954 02/10/06-80028-008 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P LIEUW, PAUL 1400 REID STREET PALATKA, FL 32177</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V LIEUW, MARCEL 1400 REID STREET PALATKA, FL 32177</b>
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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>MARCEL LIEUW</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>1/25/06</u> Daytime Phone # <u>386-328-8488</u>