

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000021074

1. Entity Name
SCRATCH PAPER, INC.



Principal Place of Business
4395 13TH LANE NE
ST. PETERSBURG, FL 33703 US

Mailing Address
4395 13TH LANE NE
ST. PETERSBURG, FL 33703 US



01312005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3618299

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAMBIE, PETER E
4395 13TH LANE NE
ST. PETERSBURG, FL 33703

**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

Peter Lambie
Peter Lambie

02.10.05

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000229016
02/14/05-80064-002 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
LAMBIE, HEATHER L
4395 13TH LANE NE
ST. PETERSBURG, FL 33703

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
LAMBIE, PETER E
4395 13TH LANE NE
ST. PETERSBURG, FL 33703

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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

SIGNATURE:

Heather Lambie
Heather Lambie

2.10.05 727.525.3109

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #