## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

## FILED May 03, 2006 8:00 am Secretary of State 05-03-2006 90247 030 \*\*\*150.00

DOCUMENT # P02000087657  1. Entity Name MANASOTA CHEMICAL AND PAPER COMPANY, INC.					3-2006 90247	030 ***15	0.00	
Principal Place of Business 4504 28TH ST. W. BRADENTON, FL 34207		Mailing Address 5525 25TH-ST. W. BRADENTON, FL 34207						
2 Principal Place of Business 5525 25 <sup>15</sup> 57, W		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04272006	Chg-P	CR2E03	4 (11/05)	
City & State  BRADEN TON		City & State		4. FEI Number 02-0638			- <del></del>	plied For t Applicab
Zip 342		Zip	Country		f Status Desired	<u> </u>	8.75 Add ee Required	
	6. Name and Address of Current F	legistered Agent	Name of the last o	7. Name and /	Address of New F	Registered Ag	<b>je</b> nt	
CUMMING, MICHAEL R				Name Street Address (P.O. Box Number is Not Acceptable)				
		City			FL	Zip Code	<del></del>	
8. The above the obligat SIGNATURE_	named entity submits this statement for ions of registered agent.    1	<u>}_</u>	egistered office or regist		i, in the State of Fl	orida. I am fa 1 28/ DATE	,	and accer
	E NOW!!! FEE IS \$150.00 By 1, 2006 Fee will be \$550.0	9. Election Campaig     Trust Fund Contril		5.00 May Be ided to Fees				
10.	OFFICERS AND E	DIRECTORS	11.	ADDITIONS/C	CHANGES TO OFF	ICERS AND I	SIRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CUMMING, MICHAEL R 5525 25TH ST. W. BRADENTON, FL 34207	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Additi-
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CUMMING, FILOMENA 5525 25TH ST. W. BRADENTON, FL 34207	☐ Delete	TITLE NAME STREET ADDRESS CITY-S1-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CUMMING, MICHAEL R 5525 25TH ST. W. BRADENTON, FL 34207	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			-	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CUMMING, MICHAEL R 5525 25TH ST. W. BRADENTON, FL 34207	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	·			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition

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 in the composition of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the corporatio

24/28/200