


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90069 009 ***150.00

DOCUMENT # P02000102730

1. Entity Name
B & B PAPER FLIPPERS, INC.



Principal Place of Business
**9779 ALABAMA ST.
 BONITA SPRINGS, FL 34135**

Mailing Address
**P.O. BOX 366039
 BONITA, FL 34136**

2. Principal Place of Business
570 14TH ST, N.E.

3. Mailing Address
570 14TH ST, N.E.

Suite, Apt. #, etc.

City & State
Naples, FL.

City & State
Naples, FL.

Zip
34120-9477

Country
USA

Zip
34120-9477

Country
USA



02022004 Chg-P CR2E034 (10/03)

4. FEI Number
30-0122789

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BARETT, BETTY B
9779 ALABAMA ST.
BONITA SPRINGS, FL 34135

7. Name and Address of New Registered Agent

Name
Robert L. Kalpin

Street Address (P.O. Box Number is Not Acceptable)
570 14TH ST, N.E.

City
Naples, FL

Zip Code
34120-9477

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 *Robert L. Kalpin* **Pres.** **April 10, 2004**

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when installing) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BARRETT, BETTY B		NAME	
STREET ADDRESS 24032 ROGER DODGER LANE		STREET ADDRESS	
CITY-ST-ZIP BONITA, FL 34134		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KALPIN, ROBERT L		NAME	
STREET ADDRESS 570 14TH STREET N.E.		STREET ADDRESS	
CITY-ST-ZIP NAPLES, FL 34120		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Robert L. Kalpin* **Robert L. Kalpin** **04/10/04** **239-348-3227**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #