

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2006 8:00 am**  
**Secretary of State**

01-19-2006 90083 010 \*\*\*150.00

**DOCUMENT # P02000131946**

1. Entity Name  
PAPILLON PUBLICATIONS INC.



Principal Place of Business  
P.O. BOX 6945  
DESTIN, FL 32550

Mailing Address  
P.O. BOX 6945  
DESTIN, FL 32550

2. Principal Place of Business  
*215 Mountain Drive*

3. Mailing Address  
*P.O. Box 6945*

Suite, Apt. #, etc.  
*#109*

Suite, Apt. #, etc.

City & State  
*Destin, FL*

City & State  
*Destin, FL*

Zip  
*32541*

Country  
*USA*

Zip  
*32550*

Country  
*USA*

01122006

Chg-P

CR2E034 (11/05)

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CHRISTIANSEN, LINDA C  
847 SHORE DRIVE  
DESTIN, FL 32550

7. Name and Address of New Registered Agent

Name *Linda C. Christiansen*

Street Address (P.O. Box Number is Not Acceptable)  
*215 Mountain Drive*

*Suite #109*

City *Destin*

FL

Zip Code  
*32541*

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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
CEO  
CHRISTIANSEN, LINDA C  
P.O. BOX 6945  
DESTIN, FL 32550 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

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

SIGNATURE:

*Linda Christiansen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-11-06*

Date

*850-650-1710*

Daytime Phone #