2008 FOR PROFIT CORPORATION. **ANNUAL REPORT**

DOCUMENT # P02000131946

PAPILLON PUBLICATIONS INC.



FILED Jan 10, 2008 08:00 AM **Secretary of State**

CR2E034 (11/05)

Fee Required

Principal Place of Business

215 MOUNTAIN DRIVE

#109

DESTIN, FL 32541

Mailing Address

P.O. BOX 6945 DESTIN, FL 32550



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w		IV	W	. VI	/ MI		H			JP/	41.

4. FEI Number Applied For **NOT APPLICABLE** Not Applicable \$8.75 Additional 5. Certificate of Status Desired

6. Name and Address of Current Registered Agent

CHRISTIANSEN, LINDA C 215 MOUNTAIN DRIVE STE. 109 DESTIN, FL 32541

DO NOT WRITE IN THIS SPACE

No Chg-P

01072008

8. The above the obligat	named entity submits this statement for the pions of registered agent.	urpose of changing its register	ed office or r	egistered agent, or bo	oth, in the State of Florida I am familiar with, and accept		
SIGNATURE.	Signature, typed or printed name of registered agent and title?	f applicable. (NOTE: Registers	d Agent eignatur	required when reinstating)	DATE		
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.	_	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS	1		·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO CHRISTIANSEN, LINDA C P.O. BOX 6945 DESTIN, FL 32550				U00000777364 01/10/08-80006-002 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				·			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE Name Street address City-St-Zip				IN	THIS SPACE		
TITLE NAME STREET ADDRESS							

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 eath; 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 the empowered.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

850-650-7704