



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2004 8:00 am**  
**Secretary of State**

03-26-2004 90027 040 \*\*\*150.00

<b>DOCUMENT # P03000132269</b> 1. Entity Name <b>WILLIAM R WHITE PAPER HANGING, INC.</b>					
Principal Place of Business <b>5513 19 STREET</b> <b>ZEPHYRHILLS, FL 33540</b>			Mailing Address <b>5513 19 STREET</b> <b>ZEPHYRHILLS, FL 33540</b>		
2. Principal Place of Business <b>5513 19th Street</b> Suite, Apt. #, etc.		3. Mailing Address <b>5513 19th Street</b> Suite, Apt. #, etc.			
City & State <b>Zephyrhills, FL</b>		City & State <b>Zephyrhills, FL</b>		4. FEI Number <b>20-0481302</b>	
Zip <b>33542</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BELLUSO, MARK A</b> <b>5011 ALLEN RD</b> <b>ZEPHYRHILLS, FL 33541</b>				7. Name and Address of New Registered Agent Name <b>William R. White</b> Street Address (P.O. Box Number is Not Acceptable) <b>5513 19th Street</b> City <b>Zephyrhills</b> <b>FL</b> Zip Code <b>33542</b>	
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 <u>William R. White - President</u> (NOTE: Registered Agent signature required when reinstating) <span style="float: right;">DATE <u>3-22-04</u></span>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>WHITE, WILLIAM R</b> <b>5513 19 STREET</b> <b>ZEPHYRHILLS, FL 33540</b>		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>William R. White</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>3-22-04</u> (813) 705-4326 <small>Daytime Phone #</small>		