


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90259 048 \*\*\*150.00

DOCUMENT # P03000146321  
 1. Entity Name  
**THE PAPERHANGER INC.**



Principal Place of Business      Mailing Address  
**7937 CHASE MEADOWS DR. WEST**      **7937 CHASE MEADOWS DR. WEST**  
**JACKSONVILLE, FL 32256**      **JACKSONVILLE, FL 32256**

2. Principal Place of Business      3. Mailing Address  
**5346 South River Road**      **5346 South River Rd.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Jax. FL.**      **Jax. FL.**  
 Zip      Country      Zip      Country  
**32211**      **US**      **32211**      **US**

02052004      Chg-P      CR2E034 (10/03)  
 4. FEI Number      Applied For  
**753139456**      Not Applicable  
 5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

*24053202*



6. Name and Address of Current Registered Agent  
**ROWAN, SHELLIE L**  
**7937 CHASE MEADOWS DR. WEST**  
**JACKSONVILLE, FL 32256**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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: *Shellie L Rowan*      **Shellie L. Rowan**      **4/23/04**  
Signature typed or printed name of registered agent and fee if applicable      (NOTE: Registered Agent signature required when reappointing)      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

TITLE	PRES	<input type="checkbox"/> Delete
NAME	ROWAN, SHELLIE L	
STREET ADDRESS	7937 CHASE MEADOWS DR. WEST	
CITY-ST-ZIP	JACKSONVILLE, FL 32256	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Shellie L Rowan*      **Shellie L. Rowan**      **4/23/04**      **904-237-5676**  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #