## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED Mar 20, 2007 8:00 am Secretary of State

Service of Status Desired Sequence of Status Desired Sequence Sequ	Entity Nam	MENT # P030001533 TING AND PAPERING INC.	45		Secretary of State 03-20-2007 90015 009 ***150.00				
Solito, Apt. #. etc.   Sulfe, Apt. #. etc.	2725 50TH	AVE W APT #103	2912 24TH ST. W BRADENTON FL 34205		l remarks				
City & State    Country   Supplied   FL   A.   FEI Number   S6-2422223     Applied   Not Applied				0102	to				
Size   Country   Size   Country   Size   Country   Size   Country   Size   Si					, , , ,				
6. Name and Address of Current Registered Agent  8. The above named onlity 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 act the obligations of registered agent.  Signature  FILE NOW!!! FEE IS \$150.00  After May 1, 2007 Fee Will Be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  CITY SI-78  Detele  INCL. Registered Agent separate wearter wounted when remissions;  2725 50TH AVE W APT #103  BBADENTON FL 34207  IIIL  NAME  SIRIT ADDRESS  CITY SI-78  IIIL			Bradenton FL		4. FEI Number 5	6-2422223	<del></del>	plied For t Applicable	
BOYER, TRAVIS 2912 24TH ST W BRADENTON FL 34205    Street Address (P.O. Box Number is Not Acceptable)	Zip					Fer	e Required		
Street Address (P.O. Box Number is Not Acceptable)   Street Address (P.O. Box Number is Not Acceptable)			7. Name and Addr	7. Name and Address of New Registered Agent					
8. The above named ontily submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent.  SIGNATURE    Signature, typed or period name of registered agent and title if applicable.   (NOTE, Registered Agent signature recurred when rentstang)   DATE	291	2 24TH ST W		Street Address	Street Address (P.O. Box Number is Not Acceptable)				
The obligations of registered agent.  SIGNATURE  Signature. Nyed or printed name of signatered agent and title if applicable.  FILE NOW!!! FEE IS \$150.00  After May 1, 2007-Fee Will Be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  INIL NAMI  BOYER, TRAVIS  2725 50TH AVE W APT #103  BRADENTON FL 34207  INIL NAME  SIRET ADDRESS  CITY-S1-7IP  INIL NAMI  SIRET ADDRESS  CITY-S1-7IP  Delete  INILE  NAMI  SIRET ADDRESS  CITY-S1-7IP  Delete  SIRET ADDRESS  CITY-S1-7IP  Delete  SIRET ADRESS  CITY-S1-7IP  Delete  SIRET ADDRESS  CITY-S1-7IP  Delete  SIRET ADDRESS  CITY-S1-7IP  Delete  SIRET ADDRESS  CITY-S1-7IP  DELET  SIRET ADDRESS  CITY-S1-7IP  DELET  SIRET ADDRESS  CITY-S1-7				City		FL	Zip Code	;	
After May 1, 2007-Fee Will Be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  IIIIE	the obligat	ions of registered agent.  Signature, typed or printed name of registered agent.				3/9/07	iliar with, a	and accept	
Delete	After May 1, 2007 Fee Will Be \$550,00 Make Check Payable to Florida Department of State				Т	rust Fund Contribution.	Adde	d to Fees	
NAME SIRGELADDRESS CITY-S1-7IP  ITHE NAME SIRGELADDRESS SIRGELADDRESS CITY-S1-7IP  ITHE NAME SIRGELADDRESS			<u> </u>		ADDITIONS/CHAP		_	S IN 11  ☐ Addition	
NAME SIRVET ADDRESS CITY-SI-ZIP  IIILE NAME SIRVET ADDRESS	NAME STREET ADDRESS	2725 50TH AVE W APT #103	Li belele	NAME STREET ADDRESS		<u></u>	1 Ollande	Asumon	
NAME SIRI LI ADDRESS CITY-SI-ZIP  IIILE NAME SIRET ADDRESS SIRET ADDRESS SIRET ADDRESS SIRET ADDRESS SIRET ADDRESS SIRET ADDRESS	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS			] Change	Addilion	
NAME. SIRECT ADDRESS  NAME STREET ADDRESS	NAME STREET ADDRESS		Delete	NAME STREET ADDRESS			] Change	☐ Addition	
CITY-ST-ZIP CITY-ST-ZIP	NAME Street address		☐ Delete	NAME STREET ADORESS			] Change	Addition	
NAME NAME SIRIET ADDRESS CITY-S1-ZIP  Delote  IITLE NAME NAME STREET ADDRESS CITY-S1-ZIP	NAME STREEL ADDRESS		☐ Delete	NAMF STREET ADOR€SS			) Change	Addition	
ITILE  NAME  NAME  SIREEL ADDRESS  CITY-ST-ZIP  12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information and the information supplied with the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes.	NAME STREET ADDRESS CHY-ST-ZIP	partify that the information currelled with		NAME Street Address City - St-7ip	inad in Section +10. First			Addition .	

2. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

3/9(07