2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2007 8:00 am
Secretary of State
03-08-2007 90022 024 ***150.00

DOCUMENT # P04899

1. Entity Name
R.A. PAAPE CO., INC.

Principal Place of Business
~~15562 ALTON DR~~
~~FORT MYERS FL 33908~~

Mailing Address
~~15562 ALTON DR~~
~~FORT MYERS FL 33908~~

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #
MATLAND Acct
Suite, Apt. #, etc.
Ste 107 - 12995 Cleveland Ave
City & State
FT. MYERS, FL.
Zip 33907 Country LEE

3. Mailing Address
R.A PAAPE Co INC
Suite, Apt. #, etc.
228 RIVERCREST BLVD
City & State
ARDEN, NC
Zip 28704 Country

4. FEI Number 39-1043101 Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PAAPE, R.A.
~~15562 ALTON DR~~
~~FORT MYERS FL 33908~~
228 RIVERCREST BLVD
ARDEN, N.C.
28704

7. Name and Address of New Registered Agent
Name RUDY K. MATLAND
Street Address (P.O. Box Number is Not Acceptable)
12995 CLEVELAND AVE - 107
City FT. MYERS FL Zip Code 33907

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, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PAAPE, R.A. 1310 BROADWATER DRIVE FT. MYERS FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD PAAPE, KATHRINE E. 1310 BROADWATER DRIVE FT. MYERS FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 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: Robert D Paape 2-26-07 828-681-9586
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #