

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000070641

**FILED**  
**Aug 28, 2012**  
**Secretary of State**

**Entity Name:** WORD, PAPER, SCISSORS INC.

**Current Principal Place of Business:**

5036 DOCTOR PHILLIPS BLVD.  
105  
ORLANDO, FL 32819

**New Principal Place of Business:**

**Current Mailing Address:**

5036 DOCTOR PHILLIPS BLVD.  
105  
ORLANDO, FL 32819

**New Mailing Address:**

**FEI Number:** 20-2833053

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BARRETT, DEBBIE  
5036 DOCTOR PHILLIPS BLVD.  
105  
ORLANDO, FL 32819 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P/D  
**Name:** BARRETT, DEBBIE  
**Address:** 5036 DOCTOR PHILLIPS BLVD.  
**City-St-Zip:** ORLANDO, FL 32819

**Title:** VP/T  
**Name:** BARRETT, DEBBIE  
**Address:** 5036 DOCTOR PHILLIPS BLVD.  
**City-St-Zip:** ORLANDO, FL 32819

**Title:** S  
**Name:** BARRETT, DEBBIE LYNN  
**Address:** 5036 DOCTOR PHILLIPS BLVD.  
**City-St-Zip:** ORLANDO, FL 32819

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** DEBBIE BARRETT

P

08/28/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date