

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000135879

FILED
Jun 16, 2009
Secretary of State

Entity Name: NEELD PAPER AND SUPPLIES, INC.

Current Principal Place of Business:

1802 ARAGON AVE
LAKE WORTH, FL 33461

New Principal Place of Business:

3395 LAKE WORTH ROAD
LAKE WORTH, FL 33461

Current Mailing Address:

1802 ARAGON AVE
LAKE WORTH, FL 33461

New Mailing Address:

3395 LAKE WORTH ROAD
LAKE WORTH, FL 33461

FEI Number: 76-0803272

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NELSON, COLLEEN ESQ
120 NORTH US HIGHWAY ONE SUITE 200
TEQUESTA, FL 33469 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: NEELD, SANDRA MARIA
Address: 1802 ARAGON AVE
City-St-Zip: LAKE WORTH, FL 33461

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: NEELD, SANDRA MARIA
Address: 3395 LAKE WORTH ROAD
City-St-Zip: LAKE WORTH, FL 33461

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SANDRA M NEELD

PRES

06/16/2009

Electronic Signature of Signing Officer or Director

Date