

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 31, 2005 08:00 AM**  
**Secretary of State**

27

**DOCUMENT # P15325**  
 1. Entity Name  
 FLORIDA-VIRGINIA PAPER, INC.



Principal Place of Business: 641 W. FAIRBANKS AVE, SUITE 105, WINTER PARK FL 32789 US  
 Mailing Address: 5713 WARD AVE, VIRGINIA BCH VA 23455

2. Principal Place of Business: Suite, Apt #, etc.  
 3. Mailing Address: Suite, Apt #, etc.  
 City & State: City & State  
 Zip: Country



1st MOORE CR2E034 (10/04)

4. FEI Number: 58-1737252 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
 6. Name and Address of Current Registered Agent: MILLER, JERROLD L, 1543 MAIN ST, ATLANTIC BEACH FL 32233  
 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 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: PD NAME: GORDON, TAVIA F. STREET ADDRESS: 5713 WARD AVE CITY, ST, ZIP: VIRGINIA BEACH VA	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY, ST, ZIP: 000000205268 01/31/05-80078-004 150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: STD NAME: GORDON, DANIEL STREET ADDRESS: 5713 WARD AVE CITY, ST, ZIP: VIRGINIA BEACH VA	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY, ST, ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: \_\_\_\_\_ Electron Filing # \_\_\_\_\_