## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P37036**

1. Entity Name

HOUSTON PAPER & JANITORIAL SUPPLY, INC.



04-09-2008 90041 016 \*\*\*158.75

Apr 09, 2008 8:00 am Secretary of State

**FILED** 

Principal Place of Business

Mailing Address

600 MONUMENT ST. DOTHAN, AL 36303 U POST OFFICE BOX 608 DOTHAN, AL 36302 4...

03192008

DO NOT WRITE IN THIS SPACE

No Chg-P CR2E034 (11/05)

4. FEI Number 63-1029891

Not Applicable

Applied For

5. Certificate of Status Desired

\$8.75 Additional Fee Required

794-756

6. Name and Address of Current Registered Agent

VANDERVER, JAMES D 155 PARKSIDE DRIVE SAINT AUGUSTINE, FL 32095

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

The buildarwis of registered agent.						
SIGNATURE.	Signature, typed or printed name of registered agent and sale	if applicable. (NOTE: Registered	l Agent aignatura	required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financia Trust Fund Contribution.				\$5.00 May Be Added to Fees		•
10.	OFFICERS AND DIRE	CTORS				,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP NORTHCUTT, CHARLES W.III 600 MONUMENT STREET DOTHAN, AL					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FLOWERS, J. MCDAVID 600 MONUMENT STREET DOTHAN, AL					•
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	· . · . · . · . · . · . · . · . · . · .
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	7		. <u>.</u> .	A COLOR	, <sub>*</sub>	,
indicated of the cor	certify that the information supplied with this I on this report or supplemental report is true reporation or the receiver or trustee empowers or on an attachment with an address, with	and accurate and that my signated to execute this report as required to execute this report as required to execute the contract of the contrac	emptions con ture shall hav red by Chapt	tained in Chapter 11	19, Florida Statutes. I further certify the act as if made under oath; that I am an tes; and that my name appears in Bloo	at the information officer or director k 10 or Block 11 if

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