


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 09, 2005 08:00 AM  
Secretary of State

DOCUMENT # P94000009133 1. Entity Name NAAPAP ENTERPRISES, INC.	
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Principal Place of Business 522 B 1ST STREET PORT ST JOE, FL 32456 US	Mailing Address P.O. BOX 416 PORT ST JOE, FL 32456 US
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03282005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3222368	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  PITTMAN, NAPOLEON 760 BORDERS ROAD WEWAHITCHKA, FL 32465
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PITTMAN, NAPOLEON 760 BORDERS ROAD WEWAHITCHKA, FL 32465
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS PITTMAN, PHYLLIS A 760 BORDERS ROAD WEWAHITCHKA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD PITTMAN, TIMOTHY N 760 BORDERS ROAD WEWAHITCHKA, FL 32465
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>1000000295797 04/09/05-80039-020 158.75</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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:  <u>Phyllis A. Pittman</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	6 Apr. 05 <small>Date</small>	850 6488147 <small>Daytime Phone #</small>
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