

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000016156

FILED
Mar 26, 2004
Secretary of State

Entity Name: PAPERCHASERS OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

16 BUCK CIRCLE
HAINES CITY, FL 33844

New Principal Place of Business:

2215 STARBOARD ST NW
WINTER HAVEN, FL 33881

Current Mailing Address:

16 BUCK CIRCLE
HAINES CITY, FL 33844

New Mailing Address:

2215 STARBOARD ST NW
WINTER HAVEN, FL 33881

FEI Number: 59-3361871

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAKER, STEPHEN F
565 AVENUE K SOUTHEAST
WINTER HAVEN, FL 33880 US

Name and Address of New Registered Agent:

HOMITZ, NANCY J
2215 STARBOARD ST NW
WINTER HAVEN, FL 33881 US

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: NANCY J HOMITZ

03/26/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HOMITZ, NANCY J
Address: 16 BUCK CIRCLE
City-St-Zip: HAINES CITY, FL 33844

Title: STD () Delete
Name: HOMITZ, STANLEY
Address: 16 BUCK CIRCLE
City-St-Zip: HAINES CITY, FL 33844

Title: D () Delete
Name: HOMITZ, SCOTT W
Address: 16 BUCK CIRCLE
City-St-Zip: HAINES CITY, FL 33844

Title: D () Delete
Name: HOMITZ, CRAIG T
Address: 16 BUCK CIRCLE
City-St-Zip: HAINES CITY, FL 33844

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HOMITZ, NANCY J
Address: 2215 STARBOARD ST NW
City-St-Zip: WINTER HAVEN, FL 33881

Title: STD (X) Change () Addition
Name: HOMITZ, STANLEY
Address: 2215 STARBOARD ST NW
City-St-Zip: WINTER HAVEN, FL 33881

Title: D (X) Change () Addition
Name: HOMITZ, SCOTT W
Address: 2215 STARBOARD ST NW
City-St-Zip: WINTER HAVEN, FL 33881

Title: D (X) Change () Addition
Name: HOMITZ, CRAIG T
Address: 2215 STARBOARD ST NW
City-St-Zip: WINTER HAVEN, FL 33881

I hereby certify that the information supplied with this filing does not qualify for the 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 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: NANCY J HOMITZ

PD

03/26/2004

Electronic Signature of Signing Officer or Director

Date