2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000087306

1. Entity Name
SCRAPORIUM, INC.

Principal Place of Business
16518 NORTH FLORIDA AVE
LUTZ, FL 33549-8135

Mailing Address
16518 NORTH FLORIDA AVE
LUTZ, FL 33549-8135

01082006 No Chg-P CR2E034 (11/05)

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4. FEI Number
59-3558251
Applied For
Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOPKINSON, DENISE
16518 NORTH FLORIDA AVE
LUTZ, FL 33549-8135

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

U00000534566
05/08/06-80017-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	HOPKINSON, DENISE L
STREET ADDRESS	16518 NORTH FLORIDA AVE
CITY-ST-ZIP	LUTZ, FL 335498135
TITLE	V
NAME	HOPKINSON, MICHAEL S
STREET ADDRESS	16518 NORTH FLORIDA AVE
CITY-ST-ZIP	LUTZ, FL 335498135
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Denise Hopkinson Denise Hopkinson, Pres 4-24-06 813-269-7946
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #