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Secretary of State
04-11-2007 90031 013 ***158.75

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000111256

1. Entity Name
HYDE PARK PAPER COMPANY, INC.

66011918

Principal Place of Business	Mailing Address
5133 W CYPRESS ST TAMPA, FL 33607	P O BOX 320061 TAMPA, FL 33679

01092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3619853
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

REIBER, JACOB I
26650 STATE ROAD 54
LUTZ, FL 33549

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HOFFMAN, PAUL A
STREET ADDRESS	4009 HENDERSON BLVD
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	D
NAME	HOFFMAN, KELLY C
STREET ADDRESS	4009 HENDERSON BLVD
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

Please Note New
Mailing address
(We No longer keep PO Box)
5133 W. Cypress St.
Tampa, FL
33607
Thanks, Kelly Hoffman

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: Kelly Hoffman Kelly Hoffman, President 4-28-07 (813)286-7702
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #