

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # S02071

1. Entity Name

THOMAS PAPER, INC.



Principal Place of Business

150 PINEVIEW
F-1
TEQUESTA FL 33469
US

Mailing Address

P.O. BOX 3179
TEQUESTA FL 33469
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POOLE, KATHLEEN
19000 SE ROBERT DRIVE
JUPITER FL 33469

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, title, and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$350.00

DUE BY September 5, 2007

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME POOLE, KATHLEEN ☐ Delete
STREET ADDRESS 19000 SE ROBERT DRIVE
CITY - ST - ZIP TEQUESTA FL 33469

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME VP REICHERT, JAY ☐ Delete
STREET ADDRESS 4541 HOWARD DRIVE
CITY - ST - ZIP VERMILION OH 44089

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME ST POOLE, KATHLEEN ☐ Delete
STREET ADDRESS 19000 SE ROBERT DR
CITY - ST - ZIP TEQUESTA FL 33469

TITLE
NAME POOLE, KATHLEEN ☒ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jay Reichert - VP

Date

8/4/07 (561) 743-4344

Daytime Phone #

FILED 8-0-2007

2007 SEP 17 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2nd MOORE

CR2E034 (4/07)

4. FEI Number 65-0226124

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

2/2



Thomas Paper, Inc.

P.O. Box 3179
150 Pineview Rd. #F1
Tequesta, FL 33469

PHONE (561) 743-4344
FAX (561) 743-5994

To whom it concerns,

Did not receive annual report notice in January 2007.

Request waiver of \$400.00,(late fee).

Thank You,

Patricia Porter
Patricia Porter
Office Manager