

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2008 08:00 AM
Secretary of State

DOCUMENT # 635964

1. Entity Name
PAGE FAMILY CORPORATION



Principal Place of Business
542112 U.S. HIGHWAY # 1
CALLAHAN, FL 32011 US

Mailing Address
PO BOX 1382
CALLAHAN, FL 32011



01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

PAGE, JOHN H
45108 PEYTON LANE
CALLAHAN, FL 32011

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, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PAGE, JOHN H 45108 PEYTON LANE CALLAHAN, FL 32011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, MARLENE PAGE 54031 HAGEL JONES ROAD CALLAHAN, FL 32011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PAGE, RONALD. E 4805 NORTHRIDGE PL NE ALBUQUERQUE, NM
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000777589
 01/10/08-80014-005 150.00

DO NOT WRITE IN THIS SPACE

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: John H. Page **JOHN H. PAGE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 8, 2008 (904) 879-7082
Date Daytime Phone #