


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 09, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000009133**  
 1. Entity Name  
**NAAPAP ENTERPRISES, INC.**



Principal Place of Business: **522 B 1ST STREET  
 PORT ST JOE, FL 32456 US**  
 Mailing Address: **P.O. BOX 416  
 PORT ST JOE, FL 32456 US**

**DO NOT WRITE IN THIS SPACE**



03282005 No Chg-P CR2E034 (10/03)

4. FEI Number: **59-3222368**  
 Applied For:  Not Applicable

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

6. Name and Address of Current Registered Agent  
**PITTMAN, NAPOLEON  
 760 BORDERS ROAD  
 WEWAHITCHKA, FL 32465**

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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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PITTMAN, NAPOLEAN
STREET ADDRESS	760 BORDERS ROAD
CITY-ST-ZIP	WEWAHITCHKA, FL 32465
TITLE	VS
NAME	PITTMAN, PHYLLIS A
STREET ADDRESS	760 BORDERS ROAD
CITY-ST-ZIP	WEWAHITCHKA, FL
TITLE	AD
NAME	PITTMAN, TIMOTHY N
STREET ADDRESS	760 BORDERS ROAD
CITY-ST-ZIP	WEWAHITCHKA, FL 32465
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 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 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: Phyllis A. Pittman Date: 6 Apr. 05 Daytime Phone #: 850 6488147  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR