



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000009133						FILED 07 APR 26 AM 9: 23 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
1. Entity Name NAAPAP ENTERPRISES, INC.				Principal Place of Business 520 1ST STREET FORT ST JOE, FL 32456 US <i>760 Borders Rd                  Wewahatchka, FL 32465</i>				Mailing Address P.O. BOX 416 PORT ST JOE, FL 32466 US <i>P.O. Box 1287                  Wewahatchka, FL 32465</i>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				04262007 Chg-P CR2E034 (12/06)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3222368		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
Zip	Country	Zip	Country						
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
PITTMAN, NAPOLEON 760 BORDERS ROAD WEWAHITCHKA, FL 32465				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold;">FL</div> 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____									
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees						
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	P <input type="checkbox"/> Delete	NAME PITTMAN, NAPOLEON STREET ADDRESS 760 BORDERS ROAD CITY-ST-ZIP WEWAHITCHKA, FL 32465		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>8/24/27</i>				
TITLE	VS <input type="checkbox"/> Delete	NAME PITTMAN, PHYLLIS A STREET ADDRESS 760 BORDERS ROAD CITY-ST-ZIP WEWAHITCHKA, FL		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE	AD <input type="checkbox"/> Delete	NAME PITTMAN, TIMOTHY N STREET ADDRESS 760 BORDERS ROAD CITY-ST-ZIP WEWAHITCHKA, FL 32465		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800101349168 05/03/07--01014--007 **150.00				
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: _____				4-26-07					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date		Daytime Phone #			