


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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



Principal Place of Business 760 BORDERS RD WEWA, FL 32465 US	Mailing Address P.O. BOX 1287 WEWAHITCHKA, FL 32465 US
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FILED

08 APR 28 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04202008 No Chg-P CR2E034 (11/05)

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4. FEI Number 59-3222368	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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	P PITTMAN, NAPOLEON 760 BORDERS ROAD WEWAHITCHKA, FL 32465
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS PITTMAN, PHYLLIS A 760 BORDERS ROAD WEWAHITCHKA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD PITTMAN, TIMOTHY N 760 BORDERS ROAD 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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 04/29/08--01001--011 **158.75

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: Napoleon Pittman 4-28-08 (857648-8147)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #