

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000009133

**Entity Name:** NAAPAP ENTERPRISES, INC.

**Current Principal Place of Business:**

760 BORDERS RD  
WEWA, FL 32465

**FILED**  
**Apr 19, 2017**  
**Secretary of State**  
**CC2429089140**

**Current Mailing Address:**

P.O. BOX 1287  
WEWAHITCHKA, FL 32465 US

**FEI Number: 59-3222368**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

PITTMAN, NAPOLEON  
760 BORDERS ROAD  
WEWAHITCHKA, FL 32465 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name PITTMAN, NAPOLEON  
Address 760 BORDERS ROAD  
City-State-Zip: WEWAHITCHKA FL 32465

Title VS  
Name PITTMAN, PHYLLIS A  
Address 760 BORDERS ROAD  
City-State-Zip: WEWAHITCHKA FL

Title AD  
Name PITTMAN, TIMOTHY N  
Address 124 MARY DRIVE  
City-State-Zip: WEWAHITCHKA FL 32465

Title DIRECTOR  
Name PITTMAN, TITUS EJ  
Address 760 BORDERS RD  
City-State-Zip: WEWA FL 32465

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: NAPOLEON PITTMAN**

**PRESIDENT**

**04/19/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date