

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 18, 2003 8:00 am
Secretary of State

03-18-2003 90066 004 ***158.75

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



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3222368**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

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

FL

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 _____

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$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	VS	<input type="checkbox"/> Delete
NAME	PITTMAN, PHYLLIS A	
STREET ADDRESS	760 BORDERS ROAD	
CITY-ST-ZIP	WEWAHITCHKA FL	
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"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 all other like empowered.

SIGNATURE: *[Signature]* **PHYLLIS A. PITTMAN** **17 MAR 03** **8506488147**
Date Daytime Phone #

CR2E034 (10/02)