

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2006 08:00 AM
Secretary of State

DOCUMENT # 454113

1. Entity Name
A-B-C PACKAGING MACHINE CORPORATION



Principal Place of Business
**811 LIVE OAK ST.
TARPON SPRINGS, FL 34689-4137 US**

Mailing Address
**811 LIVE OAK ST.
TARPON SPRINGS, FL 34689-4137 US**



03152006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0781810

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NEAL, JAMES L.
811 LIVE OAK ST
TARPON SPRINGS, FL 34689**

**DO NOT WRITE
IN THIS SPACE**

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, 2006 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
**CEOD
NEAL, JAMES L
811 LIVE OAK ST
TARPON SPRINGS, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
REICHART, MICHAEL
811 LIVE OAK ST
TARPON SPRINGS, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
NEAL, AUDREY E.
811 LIVE OAK ST
TARPON SPRINGS, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
JURGENSEN, MICHAEL A
811 LIVE OAK STREET
TARPON SPRINGS, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
REICHERT, DONALD
811 LIVE OAK ST.
TARPON SPRINGS, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
REICHERT, MARK
811 LIVE OAK STREET
TARPON SPRINGS, FL**

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04/05/06-80042-019 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/06
Date

727-937-5144
Daytime Phone #