

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # 840616

1. Entity Name  
 EUROPACO MANAGEMENT COMPANY OF AMERICA



Principal Place of Business  
 4540 HWY 20 E  
 NICEVILLE, FL 32578 US

Mailing Address  
 PO BOX 5220  
 NICEVILLE, FL 32578 US



03292005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 58-1306439 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

HARRIS, HELENE R  
 4540 HWY 20 E  
 NICEVILLE, FL 32578

**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 file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP  
 NAME ZIVAN, JEROME A  
 STREET ADDRESS 4540 HWY 20 E  
 CITY - ST - ZIP NICEVILLE, FL

TITLE STV  
 NAME HARRIS, HELENE R.  
 STREET ADDRESS 4540 HWY 20 E  
 CITY - ST - ZIP NICEVILLE, FL

TITLE S  
 NAME VAUGHN, JANELLE G.  
 STREET ADDRESS 4540 HWY 20 E  
 CITY - ST - ZIP NICEVILLE, FL

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

U00000342588  
 04/29/05-80062-008 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Helene R. Harris Harris, H.P.

4/18/2005 (850) 897-6430

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone if