


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # F02000006260  
 1. Entity Name  
 EIGHT PACK MANAGEMENT CORP.



Principal Place of Business      Mailing Address  
 1440 HWY A1A                              1440 HWY A1A  
 VERO BEACH, FL 32963                      VERO BEACH, FL 32963

**DO NOT WRITE IN THIS SPACE**



04072006      No Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For  
 14-1860586      Not Applicable

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

6. Name and Address of Current Registered Agent  
 F & L CORP  
 ONE INDEPENDENT DRIVE  
 SUITE 1300  
 JACKSONVILLE, FL 32202

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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 \_\_\_\_\_  
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	DCP SMICK, TIMOTHY S 1440 HWY A1A VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS SIMMONS, DANIEL 1440 HWY A1A VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T AILLS, ZACHARY A 1440 HWY A1A VERO BEACH, FL 32963
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U00000538355  
 05/03/06-80056-003 150.00

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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: Zachary Aills      4/24/06      772 492 5002  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #