

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004368

FILED
Apr 14, 2008
Secretary of State

Entity Name: PACKERLAND BROKERAGE SERVICES, INC.

Current Principal Place of Business:

432 SECURITY BLVD, STE 101
GREEN BAY, WI 54313

New Principal Place of Business:

Current Mailing Address:

432 SECURITY BLVD, STE 101
GREEN BAY, WI 54313

New Mailing Address:

FEI Number: 39-1794957

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHELLEY, R. SCOTT
1224 NORTH C STREET
LAKE WORTH, FL 33460 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D CH () Delete
Name: LARSCHEID, CARLTON
Address: ROUTE #1
City-St-Zip: NEW FRANKEN, WI 54229

Title: DCEO () Delete
Name: SMITH, KATHRYN M
Address: 432 SECURITY BLVD, STE 101
City-St-Zip: GREEN BAY, WI 54313

Title: DS () Delete
Name: REYNOLDS, THOMAS
Address: 752 MEMORIAL DRIVE
City-St-Zip: STURGEON BAY, WI 54253

Title: D () Delete
Name: JAN, KOMMER
Address: 2456 OAKWOOD DRIVE
City-St-Zip: GREEN BAY, WI 54304

Title: D TR () Delete
Name: BOSTWICK, WAYNE
Address: 101 VAN DYKE ST
City-St-Zip: OCONTO, WI 54153

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D CH (X) Change () Addition
Name: LARSCHEID, CARLTON
Address: 1200 SPARTAN RD
City-St-Zip: NEW FRANKEN, WI 54229

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: REYNOLDS, THOMAS
Address: 752 MEMORIAL DRIVE
City-St-Zip: STURGEON BAY, WI 54235

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KATHRYN SMITH

CEO/

04/14/2008

Electronic Signature of Signing Officer or Director

_____ Date