

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 04, 2004 8:00 am
Secretary of State

08-04-2004 90062 037 ****50.00

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1. Entity Name

PACKER ENTERPRISES, L.L.C.



Principal Place of Business

105 CARIB DRIVE
MERRITT ISLAND FL 32952

Mailing Address

105 CARIB DRIVE
MERRITT ISLAND FL 32952

44078107



MOORE

CR2E083 (4/04)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-1075262

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PACKER, BRUCE B SR.
105 CARIB DRIVE
MERRITT ISLAND FL 32952

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 \$50.00
Make Check Payable to Florida Department of State
Due By September 8, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE ~~President~~ ☐ Delete
NAME ~~Bruce B. Packer Sr~~
STREET ADDRESS ~~105 CARIB DR~~
CITY-ST-ZIP ~~MERRITT ISLAND FL 32952~~

TITLE ~~Vice President~~ ☐ Delete
NAME ~~Donald E. Packer~~
STREET ADDRESS ~~3105 Royal Oak Dr~~
CITY-ST-ZIP ~~Titusville FL 32780~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ~~President~~ ☐ Change ☒ Addition
NAME ~~Bruce B Packer Sr~~
STREET ADDRESS ~~105 carib Dr~~
CITY-ST-ZIP ~~Merritt Island FL 3295~~

TITLE ~~Vice President~~ ☐ Change ☒ Addition
NAME ~~Donald E. Packer~~
STREET ADDRESS ~~3105 Royal Oak Dr~~
CITY-ST-ZIP ~~Titusville FL 32780~~

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7/27/04

321-452-2440

Date

Daytime Phone #