




**FILED**  
**May 24, 2005 8:00 am**  
**Secretary of State**

05-24-2005 90123 022 \*\*\*150.00

1. Entity Name <b>SOUTHERN PACKAGE, INC.</b>			
Principal Place of Business <b>910 NORTH JEFFERSON STREET MONTICELLO, FL 32344 US</b>		Mailing Address <b>910 NORTH JEFFERSON STREET MONTICELLO, FL 32344 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
04212005		Chg-P CR2E034 (10/03)	
4. FEI Number <b>20-0652509</b>		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>SHIVER, DOUGLAS M JR. 280 LAKE ROAD MONTICELLO, FL FLORIDA</b>		7. Name and Address of New Registered Agent Name <b>SHIVER DOUGLAS M. JR.</b> Street Address (P.O. Box Number, if applicable) <b>288 LAKE ROAD</b> City <b>MONTICELLO</b> FL Zip Code <b>32344</b>	
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.			
9. SIGNATURE 		Douglas M. SHIVER JR. 4/21/05 DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (N 11)	
TITLE	P. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIVER, DOUGLAS M JR.	NAME	
STREET ADDRESS	280 LAKE ROAD	STREET ADDRESS	
CITY- ST- ZIP	MONTICELLO, FL 32344	CITY- ST- ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIVER, KATHRINE E	NAME	
STREET ADDRESS	280 LAKE ROAD	STREET ADDRESS	
CITY- ST- ZIP	MONTICELLO, FL 32344	CITY- ST- ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIVER, DOUGLAS M JR.	NAME	
STREET ADDRESS	280 LAKE ROAD	STREET ADDRESS	
CITY- ST- ZIP	MONTICELLO, FL 32344	CITY- ST- ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIVER, KATHRINE E	NAME	
STREET ADDRESS	280 LAKE ROAD	STREET ADDRESS	
CITY- ST- ZIP	MONTICELLO, FL 32344	CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(X), 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: 		Douglas M. SHIVER JR. 4/21/05 850-997-6965/8905 Date	