

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 454113

Entity Name: A-B-C PACKAGING MACHINE CORPORATION**Current Principal Place of Business:**811 LIVE OAK ST.
TARPON SPRINGS, FL 34689-4137**Current Mailing Address:**811 LIVE OAK ST.
TARPON SPRINGS, FL 34689-4137 US**FEI Number:** 59-0781810**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**NEAL, JAMES L.
811 LIVE OAK ST
TARPON SPRINGS, FL 34689 US*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**Officer/Director Detail :**

Title	CEOD
Name	NEAL, JAMES L
Address	811 LIVE OAK ST
City-State-Zip:	TARPON SPRINGS FL

Title	V
Name	REICHERT, MICHAEL
Address	811 LIVE OAK ST
City-State-Zip:	TARPON SPRINGS FL

Title	DS
Name	NEAL, AUDREY E.
Address	811 LIVE OAK ST
City-State-Zip:	TARPON SPRINGS FL

Title	T
Name	JURGENSEN, MICHAEL A
Address	811 LIVE OAK STREET
City-State-Zip:	TARPON SPRINGS FL

Title	DIRECTOR
Name	REICHERT, DONALD G
Address	811 LIVE OAK ST.
City-State-Zip:	TARPON SPRINGS FL

Title	P
Name	REICHERT, MARK
Address	811 LIVE OAK STREET
City-State-Zip:	TARPON SPRINGS FL

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL JURGENSEN**TREASURER****01/13/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date