

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000013553

**Entity Name:** US SHRINK WRAP INC.

**Current Principal Place of Business:**

4651 SALISBURY ROAD  
FOURTH FLOOR SUITE #4009  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

4651 SALISBURY ROAD  
FOURTH FLOOR SUITE #4009  
JACKSONVILLE, FL 32256 US

**FEI Number:** 26-4250820

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

FISHER, SHERRI L  
13230 GRANT LOGAN LANE  
JACKSONVILLE, FL 32225 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	PD	Title	ST
Name	FISHER, SHERRI L	Name	LUKE, CATERINA R
Address	13230 GRANT LOGAN LANE	Address	2605 MERWYN RD
City-State-Zip:	JACKSONVILLE FL 32225	City-State-Zip:	JACKSONVILLE FL 32207

*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:** SHERRI L. FISHER

**PRESIDENT**

**03/15/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date