

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F05000000824

**FILED**  
**Apr 14, 2015**  
**Secretary of State**  
**CC2308435614**

**Entity Name:** EASTWOODS PACKAGING CORPORATION

**Current Principal Place of Business:**

12829 DROXFORD ROAD  
WINDERMERE, FL 34786

**Current Mailing Address:**

P.O. BOX 1875  
WINDERMERE, FL 34786-1875 US

**FEI Number:** 11-3140602

**Certificate of Status Desired:** No

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

PRESTIPINO, GINA M  
12829 DROXFORD ROAD  
WINDERMERE, FL 34786 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 CP  
Name PRESTIPINO, NATALIE L  
Address P O BOX 1875  
City-State-Zip: WINDERMERE FL 34786

Title DT  
Name PRESTIPINO, FRANK CSR  
Address P O BOX 1875  
City-State-Zip: WINDERMERE FL 34786

Title DVP  
Name PRESTIPINO, FRANK CJR  
Address P O BOX 1875  
City-State-Zip: WINDERMERE FL 34786

Title S  
Name PRESTIPINO, GINA M  
Address P O BOX 1875  
City-State-Zip: WINDERMERE FL 34786

*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:** FRANK C PRESTIPINO

**TREASURER**

**04/14/2015**

Electronic Signature of Signing Officer/Director Detail

Date