

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90023 028 ***150.00

DOCUMENT # 398993

1. Entity Name

CORRUGATED PACKAGING, INC.



Principal Place of Business

1683 CATTLEMEN RD.
SARASOTA FL 34232

Mailing Address

1683 CATTLEMEN RD.
SARASOTA FL 34232

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1390887

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SIEGEL, MARK
1683 CATTLEMEN RD
SARASOTA FL 34232

7. Name and Address of New Registered Agent

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 \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------|---------------------------------|
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | SIEGEL, RUTH LILA | |
| STREET ADDRESS | 2228 ORIOLE DR | |
| CITY-ST-ZIP | SARASOTA FL 34239 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | SIEGEL, MARK | |
| STREET ADDRESS | 5220 LANDINGS BLVD | |
| CITY-ST-ZIP | SARASOTA FL 34231 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | GREENBAUM, ANDREA | |
| STREET ADDRESS | 38105 VIA FORTUNA | |
| CITY-ST-ZIP | PALM SPRINGS CA 92264 | |
| TITLE | CD | <input type="checkbox"/> Delete |
| NAME | SIEGEL, NORMAN | |
| STREET ADDRESS | 2228 ORIOLE DR | |
| CITY-ST-ZIP | SARASOTA FL 34239 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | COYLE, SANDRA | |
| STREET ADDRESS | 1647 SHORELAND DR | |
| CITY-ST-ZIP | SARASOTA FL 34239 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | CD/PD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NORMAN SIEGEL CD/PD

Date

Daytime Phone #

1-26-04 (941) 371-0000