


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90045 012 ***150.00

DOCUMENT # 454113
 1. Entity Name
A-B-C PACKAGING MACHINE CORPORATION



Principal Place of Business Mailing Address
811 LIVE OAK ST.
TARPON SPRINGS FL 34689-4137
US **811 LIVE OAK ST.**
TARPON SPRINGS FL 34689-4137
US

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 **59-0781810** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent
NEAL, JAMES L.
811 LIVE OAK ST
TARPON SPRINGS FL 34689

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 _____ (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**

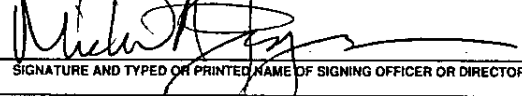
10. OFFICERS AND DIRECTORS

TITLE	CEOD	<input type="checkbox"/> Delete
NAME	NEAL, JAMES L	
STREET ADDRESS	811 LIVE OAK ST	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	REICHART, MICHAEL	
STREET ADDRESS	811 LIVE OAK ST	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	NEAL, AUDREY E.	
STREET ADDRESS	811 LIVE OAK ST	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	JURGENSEN, MICHAEL A	
STREET ADDRESS	811 LIVE OAK STREET	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	REICHERT, DONALD	
STREET ADDRESS	811 LIVE OAK ST.	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	REICHERT, MARK	
STREET ADDRESS	811 LIVE OAK STREET	
CITY-ST-ZIP	TARPON SPRINGS FL	

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	<input 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	<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:  **4/2/04** **727-937-5144**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #