

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90111 003 ***150.00

DOCUMENT # 454113

1. Entity Name
A-B-C PACKAGING MACHINE CORPORATION



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

Mailing Address
**811 LIVE OAK ST.
 TARPON SPRINGS, FL 34689-4137 US**



04082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-0781810** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**NEAL, JAMES L.
 811 LIVE OAK ST
 TARPON SPRINGS, FL 34689**

**DO NOT WRITE
 IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	CEOD
NAME	NEAL, JAMES L
STREET ADDRESS	811 LIVE OAK ST
CITY-ST-ZIP	TARPON SPRINGS, FL
TITLE	V
NAME	REICHAERT, MICHAEL Reichert
STREET ADDRESS	811 LIVE OAK ST
CITY-ST-ZIP	TARPON SPRINGS, FL
TITLE	DS
NAME	NEAL, AUDREY E.
STREET ADDRESS	811 LIVE OAK ST
CITY-ST-ZIP	TARPON SPRINGS, FL
TITLE	T
NAME	JURGENSEN, MICHAEL A
STREET ADDRESS	811 LIVE OAK STREET
CITY-ST-ZIP	TARPON SPRINGS, FL
TITLE	D
NAME	REICHERT, DONALD
STREET ADDRESS	811 LIVE OAK ST.
CITY-ST-ZIP	TARPON SPRINGS, FL
TITLE	P
NAME	REICHERT, MARK
STREET ADDRESS	811 LIVE OAK STREET
CITY-ST-ZIP	TARPON SPRINGS, FL

**DO NOT WRITE
 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: **4/8/08** **727-937-5144**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #