


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

557879	
1. Entity Name TECHNICAL PACKAGING INCORPORATED	

Principal Place of Business 5405 JETVIEW CIRCLE TAMPA, FL 33634	Mailing Address 5405 JETVIEW CIRCLE TAMPA, FL 33634
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04232004

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1790257	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75	

6. Name and Address of Current Registered Agent  STONE, DONALD M. 5405 JETVIEW CIRCLE TAMPA, FL 33634
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**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD WOLF, R. W. 5405 JETVIEW CIRCLE TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD STONE, D. M. 5405 JETVIEW CIRCLE TAMPA, FL
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04/29/04-80065-002 150.00

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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: Don M Stone Don M Stone 4-24-04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #