

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 618836

FILED  
Apr 06, 2009  
Secretary of State

Entity Name: FLORIDA PACKAGING PRODUCTS, INC.

**Current Principal Place of Business:**

201 EAST BROAD ST  
IVA, SC 296559126

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 970  
IVA, SC 296550970

**New Mailing Address:**

FEI Number: 59-1903402

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DRISCOLL, MARION  
581 S.E. 11TH STREET  
POMPANO BEACH, FL 33060 US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HUDSON, ROBERT C  
Address: 215 RIVER TRACE LN  
City-St-Zip: HONEA PATH, SC 29654

Title: VT ( ) Delete  
Name: HUDSON, JANE K  
Address: 215 RIVER TRACE LN  
City-St-Zip: HONEA PATH, SC 29654

Title: S ( ) Delete  
Name: SNOOK, KIM A  
Address: 322 BRAEBURN DRIVE  
City-St-Zip: ANDERSON, SC 29621

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: SNOOK, KIM A  
Address: 104 SENTRY LANE  
City-St-Zip: ANDERSON, SC 29621

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JANE K HUDSON

VT

04/06/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date