2004 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 23, 2004 08:00 AM Secretary of State **DOCUMENT # 674057** 1. Entity Name SPEC PACKAGING COMPANY, INCORPORATED Principal Place of Business Mailing Address 1764 LOCKWOOD ST 1764 LOCKWOOD STREET ORLANDO, FL 32812 ORLANDO, FL 32812 01202004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2382088 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DENION, GEORGIANE DO NOT WRITE 1764 LOCKWOOD ST ORLANDO, FL 32812 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE DENTON, GEORGIANE NAME STREET ADDRESS 1764 LOCKWOOD ST U00000011474 ORLANDO, FL CITY-ST-712 01/23/04-80038-017 158.75 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY - S7 - 21P TITLE NAME STREET ADDRESS

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:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

GEORGIAN DENTON GEORGIANE DENTON
SIGNATURE MAD TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20-04 407-282-441

FILED