


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90025 026 ***158.75

DOCUMENT # 674057 1. Entity Name SPEC PACKAGING COMPANY, INCORPORATED			
Principal Place of Business 1764 LOCKWOOD ST ORLANDO, FL 32812		Mailing Address 1764 LOCKWOOD STREET ORLANDO, FL 32812	
2. Principal Place of Business - No P.O. Box # 1630 AMBERJACK CT.		3. Mailing Address SAME as Block 2	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State MERRITT ISLAND, FL		City & State 	
Zip 32952		Country BREVARD	
Zip 		Country 	
6. Name and Address of Current Registered Agent DENION, GEORGIANE 1764 LOCKWOOD ST ORLANDO, FL 32812		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <u>GEORGIANE DENTON</u> <u>Georgiane Denton</u> <u>3/7/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DENTON, GEORGIANE 1764 LOCKWOOD ST ORLANDO, FL	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DENTON, GEORGIANE 1630 AMBERJACK CT MERRITT ISLAND, FL 32952	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Georgiane Denton

President

3/7/07