2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# 807549

Entity Name: TRI-PAK MACHINERY INC

Current Principal Place of Business:

1102 N COMMERCE ST
HARLINGEN, TX 78550

New Principal Place of Business:

Current Mailing Address:

PO BOX 1228
HARLINGEN, TX 78551 US

New Mailing Address:

FEI Number: 74-1043072 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TURNER & LYNN
830 N KROME AVE
HOMESTEAD, FL 33030 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: D ( ) Delete
Name: FITZGERALD, ALAN C,
Address: 441 WOODLAND DRIVE
City-St-Zip: HARLINGEN, TX 00000,

Title: PD ( ) Delete
Name: FITZGERALD, DAVID A.,
Address: 2922 JACARANDA DRIVE
City-St-Zip: HARLINGEN, TX

Title: VD ( ) Delete
Name: KILBOURN, CHARLES M,
Address: RT 10 BOX 150-A
City-St-Zip: HARLINGEN, TX 00000,

Title: VD ( ) Delete
Name: FITZGERALD, JAMES W.,
Address: 2802 EMERALD LAKE DR.
City-St-Zip: HARLINGEN, TX

Title: VD ( ) Delete
Name: GROVES, DANIEL J.
Address: 2409 RIVERSIDE
City-St-Zip: HARLINGEN, TX

Title: S ( ) Delete
Name: FITGERALD, MARDELLE A
Address: 441 WOODLAND DRIVE
City-St-Zip: HARLINGEN, TX 78550

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: DAVID FITZGERALD PD 03/23/2009

Electronic Signature of Signing Officer or Director Date