


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 06, 2004 8:00 am
Secretary of State

08-06-2004 90002 047 ***550.00

DOCUMENT # 836118
 1. Entity Name
PACKAGE SUPPLY & EQUIPMENT COMPANY INC.



Principal Place of Business: 1201 HOLLOW PINE DR, OVIEDO, FL 32765 US
 Mailing Address: P. O. BOX 19021, P O BOX 19021, GREENVILLE, SC 29602-9021 US

54067154



2. Principal Place of Business: 1614 Sandy Springs Dr.
 Suite, Apt. #, etc.

3. Mailing Address: Orange Park
 City & State: Orange Park
 Zip: 32003 Country: USA

08032004 Chg-P CR2E034 (10/03)

4. FEI Number: **57-0444453**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 WHITE, CARLTON
 1201 HOLLOW PINE DR
 OVIEDO, FL 32765

7. Name and Address of New Registered Agent
 Name: DAVID LIVESAY
 Street Address (P.O. Box Number is Not Acceptable): 1614 SANDY SPRINGS DR
 City: ORANGE PARK FL Zip Code: 32003

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: DAVID LIVESAY DATE: 8/3/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME	PTD DANIELS, GARY L	<input type="checkbox"/> Delete
STREET ADDRESS	C/O PERIMETER ROAD	
CITY-ST-ZIP	GREENVILLE, SC 29605	
TITLE NAME	STOVER, KATHIE	<input type="checkbox"/> Delete
STREET ADDRESS	% PERIMETER RD	
CITY-ST-ZIP	GREENVILLE, SC 29605	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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: David Daniels
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 8-04-04 Daytime Phone #: (864) 271-0900