


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90298 040 ***150.00

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



Principal Place of Business 300 MAGNOLIA COURT LONGWOOD, FL 32779 US	Mailing Address P. O. BOX 19021 P O BOX 19021 GREENVILLE, SC 29602-9021 US
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04212006 No Chg-P CR2E034 (11/05)

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

6. Name and Address of Current Registered Agent
**MOSKOWITZ, MARK
 300 MAGNOLIA COURT
 LONGWOOD, FL 32779**

DO NOT WRITE 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D DANIELS, GARY L C/O PERIMETER ROAD GREENVILLE, SC 29605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JENNINGS, KATHIE % PERIMETER RD GREENVILLE, SC 29605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CLINE, DONALD L. 1931 PERIMETER RD. GREENVILLE, SC 29605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *[Signature]* **04/21/06** **(864) 277-0900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #