## '2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED **DOCUMENT #836118** 1. Entity Name PACKAGE SUPPLY & EQUIPMENT COMPANY INC. 2007 DEC 20 AM 10: 48 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 300 MAGNOLIA COURT P. O. BOX 19021 LONGWOOD, FL 32779 P 0 BOX 19021 GREENVILLE, SC 29602-9021 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07242007 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 57-0444453 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MOSKOWITZ, MARK Street Address (P.O. Box Number is Not Acceptable) 300 MAGNOLIA COURT LONGWOOD, FL 32779 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) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the $\Box$ Trust Fund Contribution. corporation did not receive the prior notice. Due by September 14, 2007 Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PTD TITLE ☐ Delete TITLE ☐ Change NAME DANIELS, GARY L 4001134067 12/26/07--01052--006 NAME STREET ADDRESS C/O PERIMETER ROAD STREET ADDRESS \*\*158.75 CITY-ST-ZIP GREENVILLE, SC 29605 CITY-ST-ZIP TITLE Delete TITLE ☐ Change JENNINGS, KATHIE NAME NAME STREET ADDRESS % PERIMETER RD STREET ADDRESS CITY-ST-ZIP GREENVILLE, SC 29605 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change GLINE DONALDI Comphell, Martin L. NAME STREET ADDRESS 1931 PERIMETER RD STREET ADDRESS CITY-ST-ZIP GREENVILLE, SC 29605 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition EINSTATEMEN NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.