

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

DO NOT WRITE IN THIS SPACE

FILED
 08 SEP 26 AM 11:23
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



09232008 No Chg-P CR2E034 (11/05)

4. FEI Number 57-0444453	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCGUE, MARK
 741 USHWY 301 SOUTH
 BALDWIN, FL 32234

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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 \$550.00
 Due by September 12, 2008**

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

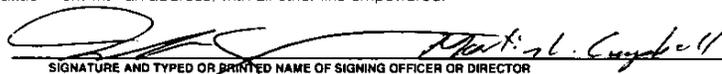
400136385114
 09/26/08--01042--006 **550.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD 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 CAMPBELL, MARTIN 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:  **9/26/08** **864-277-0900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Days Daytime Phone #

9/26/08