

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000004958

FILED
Jun 29, 2005
Secretary of State

Entity Name: EASTERN SEABOARD PACKAGING, INC.

Current Principal Place of Business:

16415 NORTHCROSS DR
SUITE B
HUNTERSVILLE, NC 28078

New Principal Place of Business:

Current Mailing Address:

16415 NORTHCROSS DR
SUITE B
HUNTERSVILLE, NC 28078

New Mailing Address:

FEI Number: 59-3267325

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'HARA, ROBERT T
C/O EASTERN SEABOARD PACKAGING, INC.
7576 BROKERAGE DRIVE
ORLANDO, FL 32809 US

Name and Address of New Registered Agent:

RON, WYCHE
C/O EASTERN SEABOARD PACKAGING, INC.
7576 BROKERAGE DRIVE
ORLANDO, FL 32809 US

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: RON WYCHE

06/29/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: O'HARA, ROBERT T
Address: 253 MINORCA BEACH WAY UNIT 801
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: PD () Delete
Name: HOLCOMB, NIKKI C
Address: 7421 STAYSAIL COURT
City-St-Zip: CORNELIUS, NC 28031

Title: VD () Delete
Name: HOLCOMB, JOHN M
Address: 17421 STAYSAIL CT.
City-St-Zip: CORNELIUS, NC 28031

Title: OD () Delete
Name: CAPEN, CHARLES
Address: 60 SAW MILL POND RD
City-St-Zip: EDISON, NJ 08837

Title: OD () Delete
Name: DECUSATI, ROBERT F
Address: 4811 FAIRVISTA DR
City-St-Zip: CHARLOTTE, NC 28269

Title: OD () Delete
Name: TRELEGAN, JEFFREY P
Address: 17 KINGS LANE
City-St-Zip: MEDWAY, MA 02053

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MENZEL, ROBERT W
Address: 16415-B NORTHCROSS DR.
City-St-Zip: HUNTERSVILLE, NC 28078

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

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

Title: OD (X) Change () Addition
Name: BOST, JILL
Address: 16415-B NORTHCROSS DR.
City-St-Zip: HUNTERSVILLE, NC 28078

Title: OD (X) Change () Addition
Name: DECUSATI, ROBERT F
Address: 16415-B NORTHCROSS DR.
City-St-Zip: HUNTERSVILLE, NC 28078

Title: OD (X) Change () Addition
Name: IBARRA, HECTOR G
Address: 16415-B NORTHCROSS DR.
City-St-Zip: HUNTERSVILLE, NC 28078

I hereby certify that the information supplied with this filing does not qualify for the 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 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: HECTOR G. IBARRA

OD

06/29/2005

Electronic Signature of Signing Officer or Director

Date