2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005
Secretary of State

DOCUMENT# F22713

Entity Name: PACKAGE PICKUP OF FLORIDA, INC.

Current Principal Place of Business:

9000 CYPRESS GREEN DR
B100
JACKSONVILLE, FL 32257

New Principal Place of Business:

Current Mailing Address:

PO BOX 10192
JACKSONVILLE, FL 32247

New Mailing Address:

FEI Number: 59-2096862 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GEISSE, KEN
9028 SAN RAE RD
JACKSONVILLE, FL 32217 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	DST	( ) Delete
Name:	GEISSE, BARBARA E,	
Address:	217 N. BRIDGE CREEK DR.	
City-St-Zip:	JACKSONVILLE, FL 32259	
Title:	DP	( ) Delete
Name:	GEISSE, KEN,	
Address:	9028 SAN RAE RD.	
City-St-Zip:	JACKSONVILLE, FL 32259	
Title:	VPO	( ) Delete
Name:	HENRICKS, WILLIAM,	
Address:	2104 TAUNTON RD.	
City-St-Zip:	JACKSONVILLE, FL 32207	
Title:	VPM	( ) Delete
Name:	GEISSE, CORY	
Address:	9028 SANRAE RD.	
City-St-Zip:	JACKSONVILLE, FL	
Title:	VP	( ) Delete
Name:	GEISSE, STEVEN	
Address:	11246 MARBON ESTATES LN. E.	
City-St-Zip:	JACKSONVILLE, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: KEN GEISSE DP 01/10/2005

Electronic Signature of Signing Officer or Director — Date