

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F22713

FILED
Jan 22, 2010
Secretary of State

Entity Name: PACKAGE PICKUP OF FLORIDA, INC.

Current Principal Place of Business:

8126 BAYBERRY RD.
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

PO BOX 10192
JACKSONVILLE, FL 32247

New Mailing Address:

PO BOX 57777
JACKSONVILLE, FL 32241

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
217 N. BRIDGE CREEK DR.
JACKSONVILLE, FL 32259 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
Name: GEISSE, BARBARA E
Address: 217 N. BRIDGE CREEK DR.
City-St-Zip: JACKSONVILLE, FL 32259

Title: DP
Name: GEISSE, KEN
Address: 217 N. BRIDGE CREEK DR..
City-St-Zip: JACKSONVILLE, FL 32259

Title: VPO
Name: HENRICKS, WILLIAM
Address: 2104 TAUNTON RD.
City-St-Zip: JACKSONVILLE, FL 32207

Title: VPM
Name: GEISSE, CORY
Address: 154 WORTHINGTON RD.
City-St-Zip: JACKSONVILLE, FL 32259

Title: VP
Name: GEISSE, STEVEN
Address: 2213 CHESTNUT CT.
City-St-Zip: JACKSONVILLE, FL 32259

I hereby 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 all other like empowered.

SIGNATURE: KEN GEISSE

PRES

01/22/2010

Electronic Signature of Signing Officer or Director

Date