

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F98000005986

1. Entity Name
AL PACKER WEST, INC.



FILED
Feb 06, 2004 08:00 AM
Secretary of State

Principal Place of Business
**10601 SOUTHERN BLVD
WEST PALM BEACH, FL 33411**

Mailing Address
**10601 SOUTHERN BLVD
WEST PALM BEACH, FL 33411**



02032004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0874559	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**THOMPSON, DOUGLAS E
1280 N CONGRESS AVE STE 109
WEST PALM BEACH, FL 33401**

**DO NOT WRITE
IN THIS SPACE**

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 \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PACKER, MARK A 1530 NORTH MILITARY TRAIL WEST PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PACKER, ELLIOTT L 5665 BELAIR ROAD BALTIMORE, MD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FREEDMAN, NATALIE P 220 EAST 67TH STREET APT 11-E NEW YORK, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHREIBER, SANFORD D 20 S. CHARLES STREET, STE 1200 BALTIMORE, MD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS KAVALSKY, MACY 1530 NORTH MILITARY TRAIL WEST PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

400000039329
02/09/04-80001-002 150.00

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Macy Kavalsky* **ASST Sec Macy Kavalsky** **FEB 3, 2004** **561-790-1100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #