

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G06402

FILED  
May 08, 2009  
Secretary of State

Entity Name: EDDY HOVEY DESIGNER PACKAGING, INC.

**Current Principal Place of Business:**

2013 TRADE CENTER WAY  
NAPLES, FL 34109

**New Principal Place of Business:**

**Current Mailing Address:**

2013 TRADE CENTER WAY  
NAPLES, FL 34109

**New Mailing Address:**

FEI Number: 59-2225486

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOVEY, EDNA E.  
8001 TRAIL BLVD.  
NAPLES, FL 34108 US

**Name and Address of New Registered Agent:**

HOVEY, EDNA E.  
2013 TRADE CENTER WAY  
NAPLES, FL 34109 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: EDNA E. HOVEY

05/08/2009

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: PD ( ) Delete  
Name: HOVEY, EDNA  
Address: 8100 TRAIL BLVD  
City-St-Zip: NAPLES, FL 34108

Title: SD ( ) Delete  
Name: HOVEY, JOHN P  
Address: 8100 TRAIL BLVD  
City-St-Zip: NAPLES, FL 00000,

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: HOVEY, EDNA  
Address: 2013 TRADE CENTER WAY  
City-St-Zip: NAPLES, FL 34109

Title: SD (X) Change ( ) Addition  
Name: HOVEY, JOHN P  
Address: 2013 TRADE CENTER WAY  
City-St-Zip: NAPLES, FL 34109

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: EDNA HOVEY

PD

05/08/2009

Electronic Signature of Signing Officer or Director

Date