


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 08:00 AM
Secretary of State

DOCUMENT # G95271 1. Entity Name PACKAGE MATERIAL SALES, INC.	
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Principal Place of Business 4408 N 56TH ST TAMPA, FL 33610-4120	Mailing Address 4408 N 56TH ST TAMPA, FL 33610-4120
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01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2401367	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOLD, RUSSELL D.
25430 OAKS BLVD
LAND O' LAKES, FL 34639

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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLD, SONDR A. 25430 OAKS BLVD LAND O' LAKES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLD, RUSSELL D. 25430 OAKS BLVD LAND O LAKES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLD, KEITH D. 204 CLEARWATER DR. PONTE VEDRA BEACH, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLD, RONALD A. 24017 STARLING CIR LAND O' LAKES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLD, JOHN H 3019 RIDGEVALE CIRCLE VALRICO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/13/07-80052-001 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 807, 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: Sondra E. Gold SONDRA E. GOLD 4/4/07 813-622-7705
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #